

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146069	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/17/2026
NAME OF PROVIDER OR SUPPLIER East Bank Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6131 Park Ridge Road Loves Park, IL 61111	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to maintain a resident's sink in a safe, functional manner for 1 of 3 residents (R1) in the sample of 3. The findings include: On 3/17/26 at 8:50 AM, R1 was sitting up in her wheelchair. The surveyor asked R1 if she had access to warm water in her sink. R1 stated, Why don't you go check the sink? The surveyor entered R1's bathroom and the hot water knob appeared loose. When the surveyor attempted to turn on the hot water, the knob fell off the sink and onto the floor. The resident laughed and said, You see what I'm talking about. It's been broken since I got here. I can get warm water if I mess with it. It's annoying for sure. I'd think they would have fixed it by now. When I first came, I had a roommate and she said it was broken before that, but I don't know how long. R1 said she didn't recall maintenance coming in to fix it. R1 said the Certified Nursing Assistants (CNAs) knew it was broken. R1's Face Sheet dated 3/17/26 showed she was admitted to the facility on [DATE] and had diagnoses to include, but not limited to disorder of the muscles, difficulty walking, reduced mobility, osteoporosis, open wound of abdominal wall, thrombocytopenia, PVD (peripheral vascular disease), hypothyroidism, and hypertension. R1's facility assessment dated [DATE] showed she was cognitively intact. On 3/17/26 at 10:54 AM, V7 (Maintenance Director) entered R1's bathroom with the surveyor to check water temperatures. V7 reached for the hot water knob to turn on the water and the entire knob moved. V7 was able to hold down firmly and get the warm water to turn on. The surveyor asked if the knob was broken and was able to lift the entire knob off the hot water side. V7 replied, Yea, I glued it, and it must have come off. It (the knob) shouldn't come off like that. I guess I'll need to replace it. I don't think they make those sinks anymore, so we will need to find a whole new sink. It would be best to replace the entire sink, but I have to get approvals for that. V7 said he told V1 he needed a new sink but didn't know what the purchasing process was. On 3/17/26 at 2:36 PM, V1 (Administrator) said the knob on a resident's sink should be intact so it functions properly. V1 said she didn't know that R1's sink was broken. V1 said R1's sink can be fixed, but she would need to look into it. V1 said V7 (Maintenance Director) had mentioned it needed a new sink. V1 said now it makes sense why. V1 said the sink should be replaced and in proper working order for R1. The facility's Preventative Maintenance & Inspections Policy dated 3/26 showed in order to provide a safe environment for residents, employees and visitors, a preventative maintenance program has been implemented to promote the maintenance of equipment in a state of good repair and condition. This policy showed Preventative Maintenance (PM) is the care and servicing by personnel for the purpose of maintaining equipment and facilities in a satisfactory operating condition by providing for systemic inspection, detection and correction of incipient failures either before they occur or before they develop into major defects. Maintenance includes tests, measurements, adjustments and part replacement that is performed specifically to prevent faults from occurring. This showed replacement and/or repair of all furnishings and equipment is completed as soon as possible.</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
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