

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  07/24/2025
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>(continued on next page)</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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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to ensure residents were able to operate their televisions for 2 of 2 residents (R31 &amp; R8) reviewed for choices in the sample of 14. The findings include: 1. On 7/23/25 at 8:17 AM, R31 was sitting in a wheelchair in the dining room at the table. R31's right lower extremity was elevated up on a footrest with an elastic wrap around her leg. R31 had a wound vacuum in place and a device to provide cold therapy to her knee. R31 stated she was admitted to the facility a few days ago and her television (TV) did not work; it would not turn on with her remote. R31 stated someone came in, got up on a ladder, and pushed the button on the tv to turn it on. She stated after that the TV remained on; it couldn't be turned off, changed, or the volume controlled. R31 stated told staff about it. She said she hasn't been able to sleep because the TV stayed on. At 8:20 AM the surveyor went to the resident's room with her permission. There were two remote controls sitting on her bedside table and neither one would control the TV; the TV was on in her room. On 7/23/25 at 8:22 AM, V11 Maintenance Director was asked if he knew anything about R31's TV/remotes. V11 stated the remote just needed to be programmed. V11 stated staff know how to get the TV's working and they should have let him know the remote wasn't working. On 7/23/25 at 8:25 AM, V2 Director of Nursing (DON) stated she got a text this morning that R31 was really complaining about her TV last night and it is staying on. R31 stated she couldn't sleep. V2 stated the patient needs their sleep. V2 stated normally residents complain about their TV's not coming on. The Face Sheet dated 7/24/25 for R1 showed she was admitted on [DATE] with diagnoses including aftercare following joint replacement surgery, hypothyroidism, type 2 diabetes mellitus, hyperlipidemia, hypertension, depression, atherosclerotic heart disease, chronic kidney disease, presence of right artificial knee joint, infection, and inflammatory reaction due to internal right knee prosthesis. The Care Plan dated 7/21/25 for R31 showed, I am a new resident at this facility for short term rehabilitation. My leisure interests include watching TV, being with family, going outside, and music. My focus is therapy so I can go back home. I have a potential for falls and injury from falls related to deconditioning. The facility's Notice of Resident Rights and Responsibilities policy (2/1/25) showed the facility shall inform the resident both orally and in writing of his or her rights as a resident, and the rules and regulations governing the resident's conduct and responsibilities during his or her stay in the facility. The policy did not show anything related to resident choices. The facility did not have a resident choices policy. 2. On 7/23/25 at 8:29 AM, R8 stated that her remote for her television (tv) has been missing since yesterday. R8 stated before her remote came up missing it worked just fine. R8 stated she always kept it on her over the bed table. R8 told someone about it yesterday but they were busy, and no one located her remote. R8 stated she likes to watch tv, so she doesn't get bored; it keeps her mind off things. R8 said she noticed her remote was gone around lunch time on 7/22/25 and it is still missing. At 8:38 AM, V11 Maintenance Director came stated the extra remote in R31's room was the remote for R8's television. The Face Sheet dated 7/24/25 for R8 showed diagnoses including unspecified cord compression, muscle weakness, difficulty walking, gastro-esophageal reflux disease, hyperlipidemia, intervertebral disc disorder, spinal stenosis, spondylosis with myelopathy, and anterior spinal artery compression syndromes of the thoracic region. The Minimum Data Set, dated [DATE] for R8 showed no cognitive impairment; partial/moderate assistance for bed mobility, sit to stand, chair/bed transfer, toilet transfer, and walking 10 feet. The Care Plan dated 7/11/25 for R8 showed, I am a new resident to this facility for short term rehabilitation. My leisure interests include talking to my family when they come to visit, watching movies on TV, reading magazines my family bring in, talking to others about my horses I own. Continue to Assess and explore my leisure preference with me and/or my family. Remind me that independent activities are always available such as crosswords, television, games, puzzles, magazines, and books, etc.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation, interview, and record review, the facility failed to adequately store food items by not properly labeling and/or dating items; and failed to ensure the sanitizing solution was at the recommended level. This failure has the potential to affect all 29 residents currently residing in facility. Findings include: On 07/22/2025, upon entering facility, V1 (Administrator) indicated resident in-house census of 29. Facility provided a completed CMS 802 form that indicated resident census of 29. On 07/22/2025 at 10:40 AM, initiated kitchen tour with V4 (Food Service Director) with the following observations. At 10:51 AM, red sanitation bucket near the three compartment sink was tested by V4 (Food Service Director) and test strip read 150 ppm (parts per million). V4 indicated that the sanitizer level should be at 200 ppm. V4 added that staff have been using this same sanitizing solution all morning. At 11:40 AM, observed in storage refrigerator, a jar of marble glaze and minced garlic both opened and undated, and both visibly used. At 11:43 AM, observed in storage freezer an undated bag of fish filets that was not properly closed with visible ice crystals on several filets. V5 said food items should be labeled with an open and discard date. On 07/24/2025 at 1:56 PM V3 (Infection Preventionist) said the red bucket sanitation solution should be at the recommended levels to kill any bacteria. Undated Labeling and Dating Foods policy reads in part: to decrease the risk of food borne illness and to provide the highest quality, food is labeled with the date received, the date opened and the date by which the item should be discarded. Undated Sanitation Buckets/Wiping Cloths Policy reads in part: in the red sanitation bucket mix the water and the chemical sanitizer. The most common chemical sanitizers include but not limited to quaternary ammonia. Sanitizing of food contact surfaces and equipment is accomplished according to the following. quaternary 200-400 per manufacturer's directions.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review the facility failed to ensure infection control was maintained and prevent any cross contamination during wound care for 1 of 1 residents reviewed for wounds in the sample of 14. Findings include: On 7/23/25 at 7:56 AM, V10 Licensed Practical Nurse (LPN) went into R38's room to provide wound care to his right elbow and right knee. V10 put gloves on, removed normal saline and triple antibiotic ointment from the treatment cart and placed it on a small disposable tray next to some gauze. V10 changed her gloves, took the tray into the resident's room, and sat it on the over the bed tray table next to R38. V10 opened a small pink saline tube and squirted it onto the gauze and then cleaned off scabs and abrasion to his right elbow. V10 used the second pink tube of saline and squirted it over his right elbow. V2 Director of Nursing (DON) walked into the room. V10 put antibiotic ointment on her gloved finger and applied it to the scabs and abrasion on R38's right elbow. V10 removed her gloves, left the room to get more saline tubes. V2 went out into the hall just prior to the nurse leaving the room and spoke with the nurse when she exited the room. V10 grabbed more saline tubes, and a cotton tipped applicator. V10 put gloves on and placed the cotton tipped applicator on the bedside table and not on the disposable tray taken in for wound care. R38 lifted his right pant leg up and had scabbed area to his right knee. V10 cleaned the area with saline. V10 removed her gloves, put new gloves on, and grabbed the cotton tipped applicator from the bedside table V10 put antibiotic ointment on the cotton tipped applicator and applied it to his right knee. V10 removed her gloves. V10 stated V2 told her when she left the room to use a cotton tipped applicator to apply the antibiotic ointment because she had used her finger before to put it on and it is important to keep it sterile. On 7/23/25 at 8:02 AM, V2 DON stated she talked to V10 LPN because she didn't change her gloves after cleaning the area and before putting the ointment on. V10 also applied the ointment with her fingers. This is for infection control. V2 stated she expects gloves to be changed and cotton tipped applicators to be used. The Face Sheet dated 7/24/25 for R38 showed diagnoses including right pubic fracture, muscle weakness, difficulty walking, unsteadiness on feet, lack of coordination, depression, hypothyroidism, hypertension, congestive heart failure, chronic respiratory failure with hypoxia, chronic kidney disease, and unspecified open wound of the right elbow. The Physician Order Summary Report dated 7/24/25 for R38 showed, right elbow and bilateral lower extremity abrasions, clean with normal saline and apply triple antibiotic ointment daily. Every day for wound care. On 7/24/25 the facility presented some policies from the facility's Infection Control Policy and Procedure manual (2012) such as Employee Training on Infection Control which showed the facility shall provide staff with appropriate information and instruction about infection control through various means, including initial orientation and ongoing training programs. Policies and Practices - Infection Control - the facility's infection control policies and practices are intended to facilitate a safe, sanitary, and comfortable environment and to help prevent and manage transmission of diseases and infections. The facility did not provide a policy regarding general wound care. The facility provided a policy for Dry/Clean Dressings and Soiled/Contaminated Dressings; neither policy related to wound care and infection control practices without a dressing.</p>		