

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46003</p> <p>Based on observation, interview, and record review, the facility failed to assist residents with their ADL (Activities of Daily Living) needs in a timely manner.</p> <p>This applies to 3 of 6 (R173, R18, R7) residents reviewed ADLs in a sample of 26.</p> <p>The findings include:</p> <p>1. On 4/18/24 at 11:55 AM, R173 was observed sitting on the side of the bed in t shirt and disposable underpants. R173 stated it takes too long for staff to answer the call light and it makes her feel like they don't have enough help. R173 stated it took staff about 30mins to answer her call light, then she was left on the toilet waiting for staff to return to her. R173 stated she was not dressed because another staff member is supposed to assist her in getting dressed. R173 put her call light on while surveyor was in room. Surveyor went in hallway observed nursing staff at the nursing station and observed two nursing staff walk by R173 room without addressing call light. At 12:21 PM (26 minutes later), non-nursing staff noticed the Surveyor and answered R173's call light.</p> <p>R173 was admitted to the facility on [DATE] with diagnoses that include wedge compression fracture of T11-T12 vertebra, age related osteoporosis, osteo arthritis, ulcerative proctitis and unsteadiness on feet. R173's MDS (Minimum Data Set) dated 4/8/24 shows moderate cognitive impairment and she requires partial / moderate staff assistance with most activities of daily living. R173's care plan dated 4/3/24 shows an ADL self-care performance deficit related to back pain.</p> <p>2. R18 was admitted to the facility on [DATE] with diagnoses that includes a displaced subtrochanteric fracture of left femur, traumatic ischemia of muscle, acute respiratory failure with hypoxia, non-displaced fracture of medial malleolus of left fibula, displace fracture of medial malleolus of left tibia, fracture of upper end of left humerus, morbid obesity, and suicidal ideations, R18's MDS (Minimum Data Set) dated 4/1/24 shows he is cognitively intact and he requires substantial / maximal staff assistance with ADLs (Activities of Daily Living). R18's care plan dated 3/27/24 includes an ADL self-care performance deficit related to impaired mobility, multiple fractures with no weight bearing to left upper arm.</p> <p>On 4/16/24 at 11:37 AM, R18 stated staff are slow to respond to the call lights on the second and third shifts. He has had to wait as long as two hours for staff to respond. R18 stated he has had to get up in his wheelchair to find staff assistance.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3. R7 was admitted to the facility on [DATE] with diagnoses that includes Parkinsonism, neurocognitive disorder with Lewy bodies, dementia and overactive bladder. R7's MDS (Minimum Data Set) dated 4/6/24 shows moderate cognitive impairment and he requires substantial staff assistance with ADL (Activities of Daily Living). R7's care plan dated 3/26/24 shows an ADL selfcare deficit and is risk for falls related to Parkinson's Disease and Lewy body dementia. Interventions include to check for unmet needs, pain, toileting, hunger, thirst and temperature.</p> <p>On 4/18/24 at 10:05 AM, the call light computer display showed R7's call light had been unanswered since 7:45 AM (two hours and 20 minutes). At 10:11 AM, V8 CNA (Certified Nursing Assistant) was observed taking R7 into his bathroom (two hours and 26 minutes later).</p> <p>On 4/18/24 at 4:39 PM, V2 DON (Director of Nursing) stated the call light computer system is accurate for time and location. Depending on what a patient needs, 30mins it too long to wait for staff assistance. V2 stated, staff should clean residents up immediately if they are incontinent. V2 stated it is a problem if a resident must wait an hour for call light assistance.</p> <p>The facility policy Call Light Use and Response dated 7/18/23 states facility personnel will be aware of call light and answer call lights promptly whether the staff person is assigned to the resident or not. The facility policy Activities of Daily living dated 3/15/21 states the facility will provide care and services for activities of daily living includes elimination - toileting.</p> <p>On 04/16/24 at 1:16 PM , V10 CNA (Certified Nursing Assistant) stated she does not always get her tasks done in caring for residents. V10 stated it is hard to get everyone up, especially if they require two assistants to transfer. The nurses are not always available to assist. The message bar lets us know if a resident is calling for assistance. I have to keep an eye on it but if I'm with another resident, I won't know another resident needs assistance. I'm use to the auditory call light system</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46003</p> <p>Based on observation, interview, and record review, the facility failed to ensure that medications were present for a resident with recurrent diarrhea and to notify the Physician about the medications, failed to ensure lab testing was completed in a timely manner for the resident, and failed to ensure staff responded to the resident's stool incontinence in a timely manner. These delays in treatment resulted the addition of a third medication, and the resident experiencing increased weakness and skin irritation.</p> <p>This applies to 1 of 4 residents (R14) reviewed for nursing cares in a sample of 26.</p> <p>Findings include:</p> <p>R14 was admitted to the facility on [DATE]. R 14 has diagnoses that includes congestive heart failure, muscle weakness, and enterocolitis due to clostridium difficile. R114's MDS (Minimum Data Set) shows he is cognitively intact and requires staff assistance for mobility using a walker. R14's care plan dated 2/11/24 includes actual impaired skin integrity, MASD (Moisture-Associated Skin Damage) to buttocks with risk for further skin breakdown including skin tears, bruising and /or pressure related to decreased mobility.</p> <p>On 4/18/24 at 10:05 AM, the call light computer display showed R14's call light had been unanswered since 8:56 am (one hour and nine minutes).</p> <p>On 4/18/24 at 10:19 AM, V12 (Family Member) stated R14 has recurrent C diff (Clostridium Difficile) infections. V12 stated R14 had been having diarrhea stools since Saturday 4/13/24 (five days). V12 stated, on Tuesday, 4/16/24 R14 was seen by the NP (Nurse Practitioner) at which time fidaxomicin and metronidazole were ordered. V12 stated she told the NP, V4 (RN), and another staff member she would pay out of pocket and retrieve the prescriptions if necessary. V12 stated staff never told her R14 had not been started on the medications and R14 seemed weaker since she saw him on Saturday. V12 also stated she had put the call light on at around 9am for stool incontinence. V12 stated V4 came in the room but did not provide incontinence care, and that R14 had a second stool incontinence episode since and still had not been cleaned.</p> <p>On 4/18/24 10:25 AM, V3 ADON (Assistant Director of Nursing) was asked by the Surveyor to have staff provide incontinence care for R14. V14 CNA (Certified Nursing Assistant) was sent to room to provide incontinence care.</p> <p>On 4/18/24 10:30 AM, V5 (Physician) stated he saw R14 on Tuesday, 4/16/24 and had ordered labs, IV (Intravenous) fluids, and called the ID (Infectious Diseases) Practitioner to see R14. V5 stated ID was at the bedside within an hour of his call and ordered fidaxomicin and metronidazole. V5 stated the fidaxomicin and metronidazole had still not been administered, and the ID called the facility Nurse Manager on 4/17/24 to follow up about the two medications. V5 stated the NP is now adding Vancomycin. V5 stated the C diff and urine labs he ordered two days earlier still had not been collected. V5 stated R14 seems weaker since he saw him on 4/16/24 but they were trying not to send him to the hospital. V5 stated the delay in treatment definitely had a negative impact on R14.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/18/24 10:45 AM, Surveyor in hallway heard R14 calling for assistance from his closed bathroom door. Surveyor requested V3 ADON and another staff member sitting at nursing station to aid R14. R14 buttocks were observed while he was in the bathroom with V3. The toilet seat was covered with liquid brown stool and the area between R14's rectum and buttocks to his upper thighs was fiery red and excoriated.</p> <p>On 4/18/24 at 5:05 PM, V2 DON (Director of Nursing) stated she did not have documentation of stool and urine specimens being sent for R14. V2 stated, the first dose of metronidazole ordered on 4/16/24 was administered 4/18/24 at 11:12 AM. There was no documentation of administration for the fidaxomicin ordered on 4/16/24, and V2 verified there was no nursing documentation showing the physician was notified that the fidaxomicin was not available. V2 stated the medication order should have been sent to the pharmacy and delivered by 10pm the same day or on the next delivery the following day after it was ordered and the physician should have been notified about the medication delay.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45906</p> <p>Based on observation, interview, and record review, the facility failed to follow Dietician recommendation to provide nutritional supplement to a resident with weight loss.</p> <p>This applies to 1 resident (R1) reviewed for weight loss in a sample of 12.</p> <p>The findings include:</p> <p>R1's Face sheet shows she is a [AGE] year old female with diagnoses of severe protein-calorie malnutrition, congestive heart failure, and need for assistance with personal care. R1's POS (Physician Order Sheet) shows R1 is a full code, and R1 is on a regular diet with level 5 minced and moist texture and thin liquids. The POS shows an order dated 3/28/24 stating her diet orders, including supplements, hydration program, and enteral nutrition may be delegated to Registered Certified Dietician. R1's Weights and Vitals Summary shows her weight on 3/6/24 was 110.8 lbs (pounds) and her weight on 4/6/24 was 95.4 lbs. In 1 month, R1 lost 15.4 lbs (13.9%).</p> <p>R1's Nutrition/Dietary note written on 4/9/24 at 10:07 AM by V11 (Dietician) states R1 has diagnosis of severe protein-calorie malnutrition and is on a regular, minced and moist texture thin liquids diet. R1's BMI (Body Mass Index) is 16.3, underweight, and she has poor appetite. Note goes on to say that R1 had a weight decrease of 15.4 pounds (13.8%) in 1 month and weight loss is possibly related to hospitalization, infection, appetite decline and fluid shifts (subsiding edema). R1 remains on diuretic therapy, expected weight flux. Bilateral lower extremities extremely swollen prior to hospitalization per nurse. R1 is consuming 25-50% of meals, eats best when her son is visiting. R1 is on mechanically altered diet due to dysphagia. Resident was observed sleeping, thin in appearance. Suggest nutritional supplement three times a day, Prostat 30mL daily for added calories and protein to support weight and wound healing. Monitor weight trends and intake amounts and adjust diet as needed. Follow up as needed.</p> <p>As of 4/18/24 at 10:42 AM, R1's POS did not show an order for nutritional supplement or Prostat as recommended by V11 (nine days earlier).</p> <p>On 4/18/24 at 12:21 PM, V7 (LPN/Licensed Practical Nurse) said R1 did not get any supplement or prostat from her during medication pass. V7 said V8 (CNA/Certified Nurse Assistant) fed R1 breakfast. On 4/18/24 at 12:26 PM, V8 (CNA) said R1 feeds herself but she does not get any supplement with her meals. On 4/18/24 at 12:35 PM no nutritional supplements were observed at R1's bedside.</p> <p>On 4/18/24 at 2:58 PM V11 (Dietician) said she was at the facility on 4/17/24 and asked V2 (DON/Director of Nursing) to reweigh R1. V11 said after she writes her recommendation, she sends her recommendation to V2 (DON) to enter into the orders in the computer. V11 said her recommendations usually get entered into the resident's orders within 72 hours and 9 days is not an appropriate amount of time for it to take for a nutritional supplement to be ordered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/18/24 at 5:26PM, V2 (DON) said R1 has poor appetite, protein calorie malnutrition, CHF (congestive heart failure), leg swelling and water retention, and multiple hospitalizations with the most recent being on 3/25/24 for a respiratory virus. V2 said V11 did ask her to reweigh R1 on 4/17/24, but V2 doesn't know if R1 was reweighed. V2 said V11 will email her recommendations to enter into the resident's orders. V2 then looked through her emails and said it is possible that she sent me an email, but I don't have it here in my email right now when I am looking. V2 said she did not order Prostat or nutritional supplement for R1 per V11 (Dietician) recommendation because she was never notified. V2 said she is going to investigate what happened with the Prostat and supplements not being ordered because she doesn't know what happened. V2 said typically recommendations from V11 (Dietician) are carried out immediately, within 24 hours.</p> <p>R1's Care Plan dated 4/16/24 shows R1 is at risk for complications with nutrition and hydration due to low BMI and diagnosis of malnutrition. R1 had significant weight loss x1 month and intervention states: offer/provide/encourage nutrition supplements with medication pass as willing to accept per Dietician and Physician.</p> <p>The facility's policy titled, Resident Height and Weight (last revised 7/7/23) states, Policy: All residents will be weighed upon admission and subsequently as the policy directs to provide a baseline and ongoing record for monitoring stability of weight as an indicator of nutritional status and medical condition over a period of time. Nursing department staff and Dietician will cooperate to prevent, monitor and provide intervention for undesirable weight variances for our residents and patients .Procedure: .8. Any weight change of 5 lbs or greater within 30 days will be retaken within 24 hours for verification, and re-weight will be documented in the EMR . 9. If re-weight verifies a significant, unplanned weight change, this is communicated to the resident's Physician, POA, Dietician and any other deemed necessary by the interdisciplinary team. This weight change will be assessed and reviewed by the Dietician in cooperation with the Interdisciplinary Team and appropriate interventions will be implemented, reviewed and revised as needed. Care Plan to be updated with interventions provided .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46003</p> <p>Based on observation, interview and record review, the facility failed to maintain the kitchen in a manner that prevents foodborne illness.</p> <p>This applies to all 26 residents that reside in the long-term care unit.</p> <p>Findings include:</p> <p>On [DATE] at 2:10 PM, V2 DON (Director of Nursing) stated the kitchen serves all 26 skilled residents.</p> <p>On [DATE] at 10:09 AM, the facility kitchen was toured with V9 (Cook / Kitchen Supervisor). V9 was observed with uncovered facial hair while working in the kitchen. The ice cream cooler had mint chocolate chip ice cream open and uncovered.</p> <p>On [DATE] at 10:12 AM, the dry storage area was toured.</p> <p>Blue bag filled identified by V9 as Raisins not labeled and without a date.</p> <p>Blue bag with identified by V9 as Craisins not labeled without a date.</p> <p>blue bag with identified by V9 as chocolate chips open to air.</p> <p>Bag identified by V9 as vermicelli not labeled or dated.</p> <p>Two 6lb cans of world horizon peaches dented in dry storage.</p> <p>V9 stated, the cans should not be in use as the dents cause the product to be compromised and it can get rust or grow bacteria.</p> <p>On [DATE] at 10:23 AM, the walk-in cooler was observed.</p> <p>Sour cream not in original manufacturer container dated [DATE].</p> <p>Cole slaw not in original manufacturer container dated [DATE].</p> <p>1 gallon thousand island dressing opened on ,d+[DATE].</p> <p>1 gallon [NAME] raspberry vinaigrette [DATE] expired on [DATE].</p> <p>Zippered bag with 17 peeled hard-boiled eggs dated ,d+[DATE].</p> <p>Zippered bag with sliced turkey dated ,d+[DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On [DATE] at 10:34 AM, the walk-in freezer was observed.</p> <p>Food item identified by V9 as chicken tenders 3 in bag without a label or date.</p> <p>Food item identified by V9 as chicken breast chunk fritters without a label or date.</p> <p>Food item identified by V9 as seasoned potato wedges open to air.</p> <p>On [DATE] at 10:40 AM, the reach in cooler was observed.</p> <p>Cinnamon apple sauce not in original manufacturer without any dates.</p> <p>On [DATE] at 10:43 AM, V9 stated the sanitizer for the three-compartment sink should be between 200 and 400ppm (part per million). The sanitization sink was tested , and the strip turned blue -- color not on chart range. V9 stated, if we can't get a good reading it isn't safe to use. V9 stated maybe the strips are old.</p> <p>On [DATE] at 10:46 AM, the meat slicer was uncovered and crusts and debris particles on it. The flour bin use by date was [DATE]. The oatmeal bin use by date was ,d+[DATE].</p> <p>On [DATE] at 10:48 AM, the vents over cooking area and stove were dusty.</p> <p>On [DATE] at 10:56 AM, V9 stated they did not have any logs to document the facility testing of the three-compartment sink or the sanitization buckets.</p> <p>On [DATE] at 1:10 PM, during kitchen tour, V19 Dietary Aide was in the kitchen without hair covering. V9 and V16 had facial hair not covered. The vents over cooking area and stove were still dusty.</p> <p>On [DATE] at 4:38 PM the first-floor skilled unit nourishment room had personal food bowl with brown meat like substance carrots and cabbage. The personal food bowl did not have a name or date. A black plastic bag with red Spanish rice and corn tortilla was claimed by V18 dietary aide. The bag did not have a name or date.</p> <p>On [DATE] at 12:17 PM, V9 stated, staff should not be keeping their lunch in the nourishment refrigerator. Residents' personal outside food should not be kept in this refrigerator either.</p> <p>On [DATE] at 4:59 PM, during the kitchen tour V16 (Dietary Aide) facial hair was not covered. The two dented cans of peaches were still in dry storage. V16 stated this is the only place we keep the cans. V17 CNA entered the kitchen without hair covering.</p> <p>The facility food storage chart shows hard cooked eggs are good for 3 days. Deli meats are good for 3 days. Sour cream is good for 6 days. Fruit puree is good for 1 month. Prepared salads (coleslaw) are good for 3 days. Salad dressing is good for one month after opening.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>The facility policy Antibiotic Stewardship dated [DATE] states, each time the solution is changed in the sanitization solution is changed the solution should be tested and logged. The facility policy Personal Cleanliness and Hygienic Practices dated [DATE] states the purpose to prevent the spread of food borne illness and to promote cleanliness and infection control in the kitchen areas where food is prepared or served. All dietary staff, including the dietary manager and any person entering the kitchen, must wear an approved hair restraint to keep hair and particles in the hair from falling into the food. Hair restraints must entirely cover all hair. Food handlers with facial hair should also wear beard restraints. The facility policy Sanitization and Cleaning Schedule dated [DATE] states all refrigerated and prepared foods must be covered, labeled and dated with a use by date. Label must include the name of the food and the date by which the food should be used. All equipment must be cleaned and sanitized with approved sanitizer after each use.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 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>45906</p> <p>Based on observation, interview, and record review, the facility failed to follow disinfection protocol to prevent spread of infection.</p> <p>This applies to 2 residents (R14 and R175) reviewed for infection prevention and control in a sample of 12.</p> <p>The findings include:</p> <p>1. R14's Face sheet shows the following diagnoses: congestive heart failure, severe protein calorie malnutrition, enterocolitis due to Clostridium Difficile (CDIFF), and need for assistance with personal care. R14's POS (Physician Order Sheet) shows order on 4/16/24 that states Strict Contact Isolation due to diarrhea, stool for CDIFF is ordered check that isolation set up and supplies are stocked by resident room. On 4/17/24 at 8:56 AM, V6 (RN/Registered Nurse) said she just collected stool to send and test for CDIFF because R14 has had frequent loose stools and a history of CDIFF. The sign on R14's door shows contact precautions, everyone who enters the room must wear gown and gloves.</p> <p>On 4/17/24 at 9:16 AM, V6 put on isolation gown and gloves and entered R14's room. While in R14's room, V6 placed pulse oximeter on his finger to measure his oxygen level, she then removed the pulse oximeter from his finger and placed it on R14's bedside table next to his Ellipta inhaler. V6 then handed R14 his Ellipta inhaler and he took it as instructed. On 4/17/24 at 9:22 AM, V6 removed her isolation gown and gloves and threw them in the garbage in the resident's room. V6 then grabbed the pulse oximeter and Ellipta inhaler with her bare hands and placed them on the PPE (Personal Protective Equipment) isolation cart in the hallway, outside of R14's room. V6 then walked over to her medication cart in the hallway and removed the purple top Sani-cloth germicidal wipes and picked up the pulse oximeter and Ellipta inhaler from the top of the isolation cart and wiped both the inhaler and the pulse oximeter down with the purple top wipes. V6 did not wipe down the top of the isolation cart that the pulse oximeter and Ellipta inhaler were sitting on after sitting on the resident's bedside table in his room moments earlier. V6 then sanitized her hands with hand sanitizer. V6 did not wash her hands with soap and water.</p> <p>On 4/18/24 at 12:38 PM, V4 (RN) said the purple top Sani-cloth wipes do not kill CDIFF. V4 said she has worked at the facility for 3 months and she has not seen the bleach wipes needed to kill CDIFF at the facility since she started. On 4/18/24 at 9:46 AM, V2 (DON/Director of Nursing) said the purple top Sani-cloth wipes do not kill CDIFF, that the orange top bleach wipes should be used to kill CDIFF. On 4/18/24 at 10:13 AM, V2 said she looked throughout the facility, and they do not have any supply of the orange top bleach wipes that are needed to kill CDIFF. On 4/18/24 at 10:30 AM, V5 (Physician) said staff should be using bleach wipes to disinfect CDIFF surfaces, not the purple top wipes because they are not effective. V5 said staff need to wash their hands with soap and water after caring for residents with CDIFF, and not using the hand sanitizer.</p> <p>On 4/18/24 at 4:01 PM, V15 (LPN/Licensed Practical Nurse) said CDIFF rooms and CDIFF contaminated equipment are supposed to be cleaned with the yellow top Sani-cloth bleach wipes in order to disinfect and kill the CDIFF.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy titled, Clostridium Difficile last revised 1/16/23 shows, Purpose: To provide guidelines for the care of persons with Clostridium Difficile .to prevent transmission of Clostridium Difficile to others. Procedure .5 . Clostridium Difficile is spore forming and if not well contained, all surfaces in a resident's room must be considered potentially contaminated .7. All equipment in the resident's room must be considered potentially contaminated by CDIFF spores 9. Observe proper hand hygiene procedures by washing hands with conventional antiseptic containing soap and water. Alcohol based hand sanitizers are not effective on Clostridium Difficile.</p> <p>The facility provided manufacturer Technical Data Bulletin for the purple top Sani-cloth germicidal disposable wipes does not show that they are effective in killing Clostridium Difficile spores, and the manufacturer Technical Data Bulletin for the yellow top Sani-cloth bleach germicidal disposable wipes shows they are effective in killing Clostridium Difficile spores.</p> <p>2. R175's Face sheet shows the following diagnoses: left ankle and foot acute osteomyelitis, cutaneous abscess of left foot, type 2 diabetes with foot ulcer, local infection of the skin and subcutaneous tissue, and encounter for surgical after care following surgery on the skin and subcutaneous tissue. R175's POS shows order dated 4/10/24: flush IV before and after IV medication administration with 10mL normal saline, flush PICC (peripherally inserted central catheter) line every shift also. On 4/17/24 at 8:52 AM, V6 flushed R175's PICC line in the following sequence: removed the green disinfecting port protector cap, alcohol wiped the hub, waved her gloved hand at the hub to dry the alcohol, attached the 10mL normal saline flush syringe to the hub, flushed 10mLs of saline, removed the saline syringe from the hub, replaced the same green port protector cap back on the hub that she took off before she flushed PICC. On 4/17/24 at 8:53 AM V6 was asked if she put the same green cap back on the hub of the PICC line and she said, yes, we can reuse it.</p> <p>On 4/17/24 at 2:31 PM, V2 (DON) said the green port protector caps are used to help prevent bacterial growth and they are single use. V2 said once the cap is used and removed from the PICC line, it should be thrown in the garbage and not placed back on the central line because that is standard practice.</p> <p>On 4/18/24 at 4:01 PM, V15 (LPN) said the green port protector caps are single use, should not be reconnected to the IV (Intravenous) hub, and once they are disconnected should be thrown away. V15 said disconnecting and reconnecting a single use port protector cap puts the resident at risk for central line contamination or infection.</p> <p>R175's Care Plan dated 4/10/24 shows use of IV medications at risk for infiltrate and infection. Goal states resident will remain free of complications from IV therapy and interventions show aseptic and sterile technique as per guidance.</p> <p>The facility provided a manufacturer handout on the Curois Disinfecting Port Protectors says Always place a new Curois disinfecting cap on needleless connector after each use, Dispose of the Curois disinfecting cap after every use, and Single Use Only.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409</p> <p>Based on interview and record review, the facility failed to offer and document the provision of the influenza and pneumococcal immunizations to residents admitted to the facility.</p> <p>This applies to 2 of 5 residents (R11, R124) reviewed for influenza and pneumococcal immunizations in a sample of 12.</p> <p>The findings include:</p> <p>On April 18, 2024, R11 and R124's electronic records were reviewed during the infection control task, and R11 and R124's vaccination records were not up to date.</p> <p>1. R11's face sheet showed R11 was admitted to the facility on [DATE] with diagnoses including rhabdomyolysis, pleural effusion, congestive heart failure, chronic obstructive pulmonary disease, heart disease, and hypertension. R11's MDS (Minimum Data Set) dated March 20, 2024 showed R11 had mild cognitive impairment and required supervision for eating, oral hygiene, upper body dressing, and personal hygiene. R11 required substantial assistance from staff for toileting hygiene, shower/bathing, lower body dressing, and putting on/taking off footwear. R11's Immunization Report dated April 18, 2024 showed the influenza vaccine was not addressed, and no consent or refusal for administration was documented under the Immunization Report or under documents.</p> <p>2. R124's face sheet showed R124 was admitted to the facility on [DATE] with diagnoses including trochanteric fracture of right femur, acute myocarditis, chronic obstructive pulmonary disease, congestive heart failure, hypertension, gastroesophageal reflux disease, and hyperlipidemia. R124's MDS was not due to be completed. R124's Immunization Report dated April 18, 2024 showed the influenza and pneumococcal vaccines were not addressed, and no consent or refusal for administration of immunizations were documented under the Immunization Report or under documents.</p> <p>On April 18, 2024 at 05:09 PM, V3 (ADON/Assistant Director of Nursing) said as of March 5, 2024, the facility staff should be asking the new admissions about their vaccines. V3 said if they do not have the vaccine and there was no evidence found they received it, the facility should offer the residents the vaccines. V3 said the process to finding out their history of vaccine administration should only take up to a week. V3 said it was important to know the vaccine status on every admission.</p> <p>On April 18, 2024 at 11:10 AM, V2 (DON/Director of Nursing) said the facility offers the influenza vaccines around October up until the end of March of the following year. V2 said the facility offers the influenza vaccines to residents on admission. V2 said if the resident refused the vaccine, they sign a document showing they refused, and the document is uploaded into the EMR (Electronic Medical Record). On April 18, 2024 at 05:47 PM, V2 said R124's immunization history was not done and the admission checklist documenting whether it was done was unable to be located for R11 and R124 in the EMR or in the paper chart, per V2 and V3.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's Seasonal Influenza Vaccine policy, last reviewed on September 29, 2023, showed Residents admitted to the facility shall receive a screening of vaccine history, including but not limited to the seasonal influenza vaccine. Influenza vaccines shall be offered to all residents of the facility unless medically contraindicated during influenza season. If a resident and/or legal representative refuse the influenza vaccine, the risk vs (Versus) benefit of the vaccine will be reviewed.</p> <p>The facility's Pneumococcal Vaccination policy, last reviewed on June 28, 2023, showed All residents will be assessed for appropriateness of receiving the pneumococcal vaccine. All immunizations must be transcribed into [EMR] under the immunization tab. All consents for immunizations will be scanned into [EMR].</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409</p> <p>Based on interview and record review, the facility failed to offer, or document a history or refusal of, the COVID-19 immunizations to residents admitted to the facility.</p> <p>This applies to 2 of 5 residents (R124, R172) reviewed for COVID-19 immunization in a sample of 12.</p> <p>The findings include:</p> <p>On April 18, 2024, R124 and R172's electronic records were reviewed, and no documentation was found regarding administration or refusal of the COVID-19 immunization.</p> <p>1. R124's face sheet showed R124 was admitted to the facility on [DATE] with diagnoses including trochanteric fracture of right femur, acute myocarditis, chronic obstructive pulmonary disease, congestive heart failure, hypertension, gastroesophageal reflux disease, and hyperlipidemia. R124's MDS (Minimum Data Set) was not due to be completed. R124's Immunization Report dated April 18, 2024 showed the COVID-19 vaccines were not addressed, including any historical administrations, and no consent or refusal for administration of the immunizations were documented under the Immunization Report or under documents.</p> <p>2. R172's face sheet showed R172 was admitted to the facility on [DATE] with diagnoses including cardiomyopathy, atrial fibrillation, chronic obstructive pulmonary disease, spinal stenosis, gastroesophageal reflux disease, and chronic respiratory failure. R172's MDS dated [DATE] showed R172 had moderate cognitive impairment and required set up assistance for eating, oral hygiene, supervision for upper body dressing, partial assistance for personal hygiene, shower/bathing, and lower body dressing. R172's Immunization Report dated April 18, 2024 did not show the COVID-19 vaccines were addressed, including any historical administrations, and no consent or refusal for administration of the immunizations were documented under the Immunization Report or under documents.</p> <p>On April 18, 2024 at 05:09 PM, V3 (ADON/Assistant Director of Nursing) said as of March 5, 2024, the facility staff should be asking the new admissions about their vaccines. V3 said if they do not have the vaccine and there was no evidence found they received it, the facility should offer the residents the vaccines. V3 said the process to finding out their history of vaccine administration should only take up to a week. V3 said it was important to know the vaccine status on every admission.</p> <p>On April 18, 2024 at 11:10 AM, V2 (DON/Director of Nursing) said if the resident refused the vaccine, they sign a document showing they refused, and the document is uploaded into the EMR (Electronic Medical Record). At 5:47 PM, V2 said R124's immunization history was not done and the admission checklist documenting whether it was done was unable to be located for R124 and R172 in the EMR (Electronic Medical Record) or in the paper chart.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/19/2024
NAME OF PROVIDER OR SUPPLIER Eden Vista Burr Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE 6801 Highgrove Boulevard Burr Ridge, IL 60521	
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 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's COVID-19 Vaccine policy (last revised on March 18, 2024) showed the COVID-19 vaccine will be offered unless medically contraindicated, and education provided to all residents of the facility. The resident's medical record will include documentation that indicates, at a minimum, the following: That the resident or resident representative was provided education regarding the benefits and potential risks associated with the COVID-19 vaccine; and each dose of the COVID-19 vaccine administered to the resident, or if the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal.</p>		