

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146125	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/26/2025
NAME OF PROVIDER OR SUPPLIER  Hearthwood Snf Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE  829 Carillon Drive Bartlett, IL 60103	

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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on interview and record review, the facility failed to follow their water management plan by failing to establish control measures for the risk of Legionella growth within the facility's water system. This failure has the potential to affect the health and safety of all 55 residents currently residing in the facility. On 11/25/2025 at 1:12 PM, V1 (Administrator) said that the facility has never tested the facility's water for Legionella. The Facility signed a contract with a new water management services on 03/01/2025, following the last facility survey, and still had not yet conducted any Legionella testing. V1 said, I am not aware why the testing was not done, and the facility is expected to follow their policy and the water management plan and test for legionella annually. On 11/25/2025 at 1:10 PM, V11 (Maintenance Director) said that the facility has not been tested for Legionella and showed the testing supplies in a box provided by the water management services dated 05/06/2025. V11 said the facility is expected to test annually for Legionella, and the test was not done as per the facility's water management plan. On 11/26/2025q at 2:29 PM V1 (Administrator) presented policy titled: Water Management Plan dated 3/17/2025, which reads: 2.3 Water Management Plan Creation and Strategy The risk of a building can be assessed by determining if Legionella is present, the type of Legionella found (species and serogroup), the extent of positivity, and the opportunity for exposure. Risk management methods provide a process for hazard identification and mitigation. ASHRAE Standard 188: Legionellosis: Risk Management for Building Water Systems was developed to provide a standard approach to guide these risk management activities. ASHRAE Standard 188 provides a standard approach to implementation of water management programs, with the following seven key elements: 1. Identify and describe the building water systems: Conduct a water systems survey, identify major processing steps, and develop flow diagrams. 2. Conduct a hazard analysis: Among the water systems identified, determine the risk of Legionella growth and transmission. 3. Establish control locations: Determine points or steps at which Legionella control measures can be applied. 4. Establish and implement control measures: For each control location, determine control limits, monitor the performance, and take corrective action if a control measure is not within the control limits. 5. Establish and implement verification procedures: Verify the WMP is being implemented. 6. Establish and implement validation procedures: Show the effectiveness of the WMP in controlling the hazard (Legionella). 7. Establish and implement documentation: The control measures, validation, and other WMP actions must be documented. 3. Water Management Plan Summary 3.1 Summary Control validation and location Legionella distal site testing-Monitoring Frequency-Annually. 7. Documentation A written record is required to document monitoring, compliance with control limits, performance of corrective actions, and WMP validation. Maintain water testing documentation to be retrievable for at least three years. A master document providing the location of all program documents shall be maintained. Maintain the following minimum documentation for this WMP. Logs required for normal operation and system maintenance shall continue to be maintained: ? Temperature (heaters, return, distal outlets, mixing valve logs)? Maintenance and Operation Procedures? Flushing Logs? System service/modification records? Bacteriological analysis records? Episodic water event and action logs? Corrective action records</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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