

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/23/2025
NAME OF PROVIDER OR SUPPLIER Greenfields of Geneva		STREET ADDRESS, CITY, STATE, ZIP CODE 0n801 Friendship Way Geneva, IL 60134	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and record review, the facility failed to post EBP (Enhanced Barrier Precautions) signs outside of resident rooms and wear appropriate PPE (Personal Protective Equipment) while providing care to residents. This applies to 4 of 4 residents (R14, R50, R60, R61) in a sample of 17. The findings include:</p> <p>1. On 12/21/22 at 9:29 AM, R14 was observed with ongoing tube feeding running at 75 ml/hour with 50 ml of water flush every hour. R14 said she has a J-tube (jejunostomy tube).</p> <p>On 12/21/25 at 9:30 AM, V3 (Licensed Practical Nurse/LPN) came inside R14's room. He said he was going to discontinue the feeding. V3 was not wearing a gown and was only wearing gloves. With gloves on, V7 moved R14's personal belongings on top of her bedside table to the side to make room for supplies needed. With same gloves, he continued to disconnect J-tube feeding and flushing J-tube with 50 ml of water before covering the port. V7 proceeded to leave R14's room with same gloves on.</p> <p>On 12/22/2025 at 1:47 PM, V13 (Infection Control Nurse/Assistant Director of Nursing) stated that any time you flush or start the formula through the J-tube, you need to follow enhanced barrier precautions where you sanitize your hands, wear gloves and gown.</p> <p>On 12/23/25 at 9:40 AM, V2 (Director of Nursing) said before discontinuing tube feeding, staff should observe and perform proper EBP (Enhanced Barrier Protection) Precaution before they start the procedure. She said because the feeding tube is an indwelling device, without proper PPE (Personal Protective Equipment) staff is putting the resident at risk for infection.</p> <p>R14's face sheet documents diagnosis of dysphagia. R14's POS (Physician Order Sheet) documents order for Enhanced Barrier Precaution for J-tube. R14's care plan for tube feeding documents need for Enhanced Barrier Precaution.</p> <p>Facility's Policy on Enhanced Barrier Precaution dated 4/25/23 and revised on 4/5/24 documents the following: Purpose: To provide basic guidance on the implementation of Enhanced Barrier Precautions for infection prevention and control. Procedures: 1. Enhanced Barrier Precautions (EBP) will be implemented for the following (including new admissions). Indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization. 4. All team members will wear appropriate PPE (gown and gloves) for high-contact resident care but not limited to peri care, device care (central line, urinary catheter, feeding tubes, tracheostomy/ventilator, ostomy)</p> <p>2. On 12/22/25 at 9:54 AM R50's door had no EBP sign on the door. V17 (Registered Nurse/Wound Coordinator) went to R50's room without a gown and performed a pressure dressing change to R50's sacrum. R50's POS (Physician Order Sheet) had no order for EBP Precautions. There was an order for (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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Wound Care for Sacrum. Review of R50's care plans show no care plan for EBP.</p> <p>On 12/22/2025 at 1:47 PM, V13 (Infection Control Nurse/Assistant Director of Nursing) stated at this time, they don't have wounds that require enhanced barrier precautions. She stated any open wound or pressure sore that has so much exudate requires EBP precautions. Facility's policy titled Enhanced Barrier Precautions (4/15/24) shows 1. EBP will be implemented for the following.wounds. This generally includes residents with chronic wounds, and not those with only shorter&mdash;lasting wounds, such as skin breaks or skin tear covered with a Band-aid or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers.Clear signage on the door or wall outside of the resident room indicating the type of precautions and required PPE will be in place. All team members will wear appropriate PPE (gown and gloves).</p> <p>3. On 12/22/2025 at 1:13 PM, V16 (Certified Nursing Assistant) stated that R60 was ready for incontinence care and transfer from bed to wheelchair for therapy. V16 asked V18 (Certified Nursing Assistant) for assistance, and both staff entered R60's room without performing hand hygiene and without gloves. Both V16 and V18 donned gloves without first performing hand hygiene. Neither staff member wore a gown. V16 provided incontinence care while V18 assisted by positioning R60 in a right side-lying position. After completion of incontinence care, V16 removed gloves and donned new gloves without performing hand hygiene, then proceeded to transfer R60 from bed to wheelchair using a mechanical lift.</p> <p>A review of R60's medical record by V14 (Wound Physician), dated 12/16/2025, showed that R60 had a pressure injury to the right buttock that was unstageable due to necrosis and full-thickness in nature. V14 documented that the wound had been present for greater than 38 days and had moderate serous exudate. V14 further documented that a surgical excisional debridement was performed and stated, slough and biofilm were removed.</p> <p>4. On 12/22/2025 at 9:20 AM, V16 (Certified Nursing Assistant) was observed in R61's room providing incontinence care. V16 was wearing gloves and was not wearing a gown. R61 had a right stump dressing in place. V16 did not perform hand hygiene prior to donning gloves and did not perform hand hygiene after glove removal.</p> <p>A review of R61's medical record by V14 (Wound Physician), dated 12/16/2025, showed that R61 had a post-surgical wound to the right upper leg that was full-thickness in nature. V14 documented that the wound had been present for greater than 57 days and had moderate serous exudate. V14 further documented that a surgical excisional debridement was performed and stated that excision of devitalized tissue including slough, biofilm, and non-viable muscle tissues were removed.</p> <p>On 12/22/2025 at 1:24 PM, V16 and V18 stated that there were no residents on their assigned hallway who required Enhanced Barrier Precautions (EBP). At that time, R60 and R61 did not have Enhanced Barrier Precautions signage posted outside their rooms, and personal protective equipment (PPE) was not available or set up outside their rooms or in the immediate vicinity.</p> <p>On 12/23/2025 at 11:00 AM, V2 (Director of Nursing) stated that Enhanced Barrier Precautions (EBP) are required for residents with chronic wounds, which she defined as wounds present for greater than 30 days in duration and/or wounds without the presence of biofilm.</p>		

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<p>F 0550</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 a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>Based on observation, interview, and record review, the facility failed to provide a resident with a clothing protector during meals to maintain her dignity. This applies to 1 of 3 (R15) reviewed for dignity in a sample of 17. The findings include: On 12/21/2025 at 9:30 AM, R15 was in the dining room eating her pureed breakfast. R15 was severely cognitively impaired and unable to be interviewed. R15 was fatigued and had difficulty feeding herself. As a result, R15 had multiple food residue spills on her shirt and pants. R15 was not provided a clothing protector. On 12/21/2025 at 12:25 PM, R15 was served her lunch in the dining room. R15 was feeding herself, but at times had unsteadiness when using her utensils. Which caused her pureed food to spill on her shirt and pants. R15 was again not provided a clothing protector during her meal. On 12/23/2025 at 11:35 AM, V6 (Certified Nursing Assistant) said she routinely cared for R15. V6 said R15 was able to feed herself but required prompting and cueing with her meals, especially when fatigued. V6 said R15 required the use of a clothing protector to protect her clothing from food spillage. V6 said R15 was cognitively impaired and dependent on staff to provide her with a clothing protector for her meals. On 12/23/2025 at 9:40 AM, V2 (Director of Nursing) said she expected staff to provide resident-centered care during meal services. V2 said she expected staff to round during meal services and provide residents with clothing protectors to prevent spillage on their clothing. R15's MDS (Minimum Data Set) dated 11/24/2025 said she was severely cognitively impaired and required staff to provide set-up and clean-up assistance with her meals. R15's care plan said she was at risk for complications due to her cognitive impairment. The care plan said she was dependent on staff for her care, and staff was to anticipate her care needs. The facility's policy titled Resident Rights, dated 2001, said employees shall treat all residents with kindness, respect, and dignity.</p>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to assess residents for self-administration of medications. The facility failed to obtain physician orders for medication to be at the bedside. This applies to 2 of 2 residents (R54, R56) reviewed for medications in a sample of 17. The findings include: 1. On 12/21/25 at 10:32 AM, during initial tour, the following medications were observed to be on R54's bedside table: Systane optimal dry eye relief lubricant eye drops and Systane ointment lubricant eye ointment. On 12/23/25 at 10:57 AM, R54 stated that no one educated her on how to take the medications. She said she already knows how to take the medications. R54 stated the medications are always kept in her room. R54's face sheet shows a diagnosis of exudative age-related macular degeneration, bilateral, with active choroidal neovascularization. R54's MDS (Minimum Data Set) dated 11/24/25 shows she is cognitively intact. Review of R54's POS (Physician Order Sheet) shows an order for Systane Ophthalmic Gel 0.4-0.3% (Polyethylene Glycol-Propylene Glycol)-Instill 1 drop in both eyes every 24 hours as needed for dry eyes PRN (As Needed). There was an order for the medication for the medication to be at the bedside. Review of R54's medical record shows no self-administration of medication assessment uploaded. R54 did not have a care plan regarding self-administration of medication. 2. On 12/21/25 at 10:40 AM, R56 had the following medications on her bedside table: 1 tube of (brand name topical analgesic) 1.76 oz (ounces) and another tube of (brand name topical analgesic) 3.53 oz. There was 1 tube of (brand name topical antibiotic medication) 0.50 oz. R56 stated that she puts the (brand name topical analgesic) on her knees for arthritis pain and she applies the (brand name topical antibiotic medication) on the sides of her nose where her eyeglasses rest because sometimes she has pain. She stated the medications are always kept in her room and no one educated her on how much she can apply in a day. R56's face sheet shows a diagnosis of multiple sclerosis, unsteadiness on feet, and primary generalized osteoarthritis. R56's MDS dated [DATE] shows moderate impairment in cognition. Review of R56's POS shows no orders for the (brand name topical analgesic) and (brand name topical antibiotic medication). Review of R56's medical record shows no self-administration of medication assessment uploaded. R56 did not have a care plan regarding self-administration of medication. On 12/23/2025 at 9:44 AM, V2 (Director of Nursing) stated she currently doesn't have residents that self-administer medications. She stated that nurses should do an assessment to see if the resident can safely self-administer medications. The resident should demonstrate to the nurse that they can take the medication. She said this is necessary because nurses have to ensure the resident can self-administer according to doctor's orders and see if they are correctly getting the right medication. She stated there should be doctor's orders for the medications to be at the bedside. Facility's policy titled Self-Administration of Medications (Revised 2/2021) shows: 1. As part of the evaluation comprehensive assessment, the interdisciplinary team (IDT) assess each resident's cognitive and physical abilities to determine whether self-administering medications is safe and clinically appropriate for the resident. 3. If it is deemed safe and appropriate for a resident to self-administer medications, this is documented in the medical record and the care plan. The decision that a resident can safely self-administer medications is reassessed periodically based on changes in the resident's medical and/or decision-making status. 8. Self-administered medications are stored in a safe and secure place, which is not accessible by other residents. 9. Any medications found at the bedside that are not authorized for self-administration are turned over to the nurse in charge for return to the family or responsible party.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Based on observation, interview, and record review, the facility failed to reconcile controlled substances. This applies to 2 of 3 (R67 and R68) reviewed for narcotics in a sample of 17. The findings include: 1. On 12/22/2025 at 11:45 AM, the facility's Birch unit medication cart storage observation was done with V2 (Director of Nursing/DON). R67's Hydrocodone-Acetaminophen oral tablet 5-325 mg (milligrams) medication card with 30 tablets was stored in the narcotic box with its controlled inventory sheet attached. V2 said R67's inventory sheet was not maintained in the cart's controlled inventory binder for count because she was discharged from the facility. R67's EMR (Electronic Medical Record) showed she was discharged from the facility on 12/16/2025. R67's Order Summary Report showed she had an as needed order for Hydrocodone-Acetaminophen oral tablet 5-325 mg started on 12/03/2025 and discontinued 12/08/2025. 2. On 12/22/2025 at 11:45 AM, the facility's Birch unit medication cart also had R68's Alprazolam 0.25 mg card with 14 tablets and Tramadol HCL 50 mg with 15 tablets stored in the narcotic box. R68's medications had their individualized controlled inventory sheets attached to them. V2 said R68's inventory sheets were not maintained in the cart's controlled inventory binder for count because he had also discharged from the facility. V2 said the individual controlled count sheets should be maintained in the narcotic binder to ensure all stored narcotics were accounted for during shift-change to ensure accuracy. V2 said narcotics should be destroyed per policy when a resident discharges from the facility to prevent diversion. R68's EMR (Electronic Medical Record) showed he was discharged from the facility on 12/20/2025. R68's Order Summary Report showed he had as-needed orders for Alprazolam oral tablet 0.25 mg and Tramadol HCL oral tablet 50 mg. The facility's policy titled Controlled Substances, dated 2001, said the facility complied with all laws, regulations, and other requirements related to handling, storage, disposal, and documentation of controlled medications. The policy said nursing staff was responsible for counting controlled medications inventory at the end of each shift, using the narcotic records to reconcile the inventory count. The controlled substance inventory was monitored and reconciled to identify loss of potential diversion in a manner that minimizes the time between loss/diversion and detection/follow-up.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to secure and contain resident medications. This applies to 2 of 2 residents (R57, R62) reviewed for medications in a sample of 17.</p> <p>The findings include:</p> <p>1. On 12/21/25 at 10:50 AM, on R57's bedside table, the following medications were observed: Breztri aerosphere inhaler and Airsupra (Albuterol and Budesonide) inhaler.</p> <p>R57 stated that was admitted to the facility yesterday. She said both medications have been in her room since yesterday (12/20/25). She said the nurse administered the Airsupra inhaler to her and then left the medication in her room. R57 stated the Breztri inhaler needs to be approved by the respiratory therapist.</p> <p>R57's face sheet shows an admission date of 12/20/25.</p> <p>R57's face sheet shows a diagnosis of other specified chronic obstructive pulmonary disease.</p> <p>R57's MDS dated [DATE] shows she is cognitively intact.</p> <p>R57's POS (Physician Order Sheet) shows orders for Breztri Aerosphere Inhalation Aerosol 160-9-4.8 MCG (Micrograms) /ACT (Actuation) (Budesonide&mdash;Glycopyrrolate&mdash;Formoterol Fumarate 2 puffs inhale orally two times a day. Airsupra inhalation aerosol 90-80 MCG/ACT (Albuterol&mdash;Budesonide) 2 puffs inhale orally every 6 hours as needed for wheezing.</p> <p>There was no order for the medications to be at the bedside.</p> <p>On 12/23/2025 at 9:44 AM, V2 (DON&mdash;Director of Nursing) stated if residents bring medications from home, they should be given directly to the nurse. She stated that nurses shouldn't leave the medications in the resident's room. It should be locked up in the medication cart or medication room.</p> <p>Facility's policy titled Medication Labeling and Storage (Revised 2/2023 shows the following: The facility stores all medications and biologicals in locked compartments.2. The nursing staff is responsible for maintaining medication storage and preparation areas in a clean, safe and sanitary manner.</p> <p>2. On 12/21/25 at 11:00 AM, R62's had 3 tubes of (brand name topical analgesic) 1% on her tray table. R62 was unable to comment on the medication due to impaired cognitive function and thought processes secondary to dementia as stated in her care plan dated 12/18/2025.</p> <p>R62' face sheet shows an admission date of 12/17/2025.</p> <p>R62's face sheet includes diagnoses of cognitive communication deficit, unspecified dementia, and major depressive disorder. (continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R62's MDS dated [DATE] shows she has moderate cognitive impairment.</p> <p>R62's POS does not contain any order for (brand name topical analgesic) 1%. There was no order for any medication to be at the bedside.</p>		