STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	146187	A. Building B. Wing	07/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Asbury Court Nursing & Rehab	1750 Elmhurst Road Des Plaines, IL 60018

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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 50469 Based on observation, interview, and record review the facility failed to place the nebulizer mask in a plastic bag after use for 2 of 8 (R24, R39) residents in a sample of 24. Findings include: On 7/23/24 at 11:10 AM, R24's nebulizer mask was observed on top of the bedside counter without any covering. On 07/23/24 at 11:20 AM, observed R39's nebulizer mask inside the drawer without a covering. On 07/25/24 at 11:41 AM, observed R39's nebulizer mask inside the drawer without a covering. On 7/23/24 at 11:24 AM, V15 (Licensed Practical Nurse) opened the drawer and said R39's nebulizer mask should be covered and not just placed inside the drawer. On 7/23/24 at 11:26 AM, V15 (Licensed Practical Nurse) said R24's nebulizer mask should be covered in a bag when not in use. On 07/25/24 at 11:43 AM, V2 (Director of Nursing) opened R39's drawer and the nebulizer mask was without a covering. V2 said the nebulizer mask should be covered when not in use. Facility's policy on Nebulizer Therapy- Revised 5/2023. Policy: It is the policy of this facility for nebulizer treatments, once ordered, to be administered by nursing staff as directed using proper technique and standard precautions. Policy Explanation and Compliance Guidelines: Care of the Equipment 7. Once completely dry, store the nebulizer cup and the mouthpiece in a zip lock bag.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41846 Based on observation, interview and record review, the facility failed to correctly check the dishwasher temperature using the recommended testing label. The facility also failed to keep a daily record of the dishwasher temperature. This deficiency has the potential to affect all 67 residents receiving food from the facility's kitchen. Findings include: On 7/24/24 at 10:15 am during the tour of the kitchen, the dish machine log was noted with no recorded temperature from July 18th to July 23, 2024. V3 (Food Service Director) was asked to perform a temperature check on the dishwasher using the recommended dishwasher temperature sensor label. V3 placed the label on a dishwasher rack and ran it through the dishwasher. There was no change of color from silver to black. At 10:30 am, V4 (Area Manager) also performed a temperature check by placing the sensor on a plate and ran it through the dishwasher. The strip did not change from silver to black. During an interview at 10:20am, V3 stated that temperature should be recorded daily. V3 also said I do not understand why the color did not change. It's supposed to change colors. During an interview at 10:30am V4 stated that the color should completely turn black. V4 stated I will have (proper name) to come and check. Facility policy dated 9/1/21 Reads; Manual: Food & Nutrition Services, Section: Nutrition Quality. Standard: all dishware, service ware, and utensils will be cleaned and sanitized after each use. Guideline: 2. All dish machine water temperature will be maintained in accordance with manufacturer's recommendation for high temperature or low temperature machines. Dish machine will be checked periodically for correct PPM (Parts Per Million). 3. Temperature and /or sanitizer concentration logs will be completed, as appropriate.