

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2026
NAME OF PROVIDER OR SUPPLIER Asbury Court Nursing & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 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 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. Based on observation, interview, and record review, the facility failed to ensure food was stored under sanitary conditions by failing to discard expired food items and failing to follow the facility policy regarding food storage guidelines. This deficiency has the potential to affect all residents (71 out of 71 residents in the sample) who receive food from the kitchen. Findings include: On 06/29/2026 at 9:40 AM, during the initial tour of the kitchen, the following items were observed in the walk-in refrigerator: Celery in metal food service tray dated 05/25/2026 (facility policy states 3-7 days is safe for storage) Celery in cardboard box dated 06/09/2026 (facility policy states 3-7 days is safe for storage) Lemons in cardboard box dated 06/09/2026 (facility policy states 3-7 days is safe for storage) Bacon in plastic packaging inside cardboard box dated 06/05/2026 (facility policy states 7 days is safe for storage) Green Onions in plastic packaging inside cardboard box dated 05/05/2026 (facility policy states 3-7 days is safe for storage) Ham in metal container covered in plastic wrap, labeled with a use by date of 06/23/2026 Egg Salad in metal container covered in plastic wrap dated 06/23/2026 (facility policy states 3-5 days is safe for storage) Ground Beef in plastic wrapping inside a metal container dated with use by date of 06/28/2026 (facility policy states 1-2 days is safe for storage) Sausage Crumbles inside plastic bag inside cardboard box dated 06/12/2026 (facility policy states 3-4 days is safe for storage) Fully Cooked Chicken Breasts in a plastic bag inside a cardboard box dated 06/26/2026 were inside refrigerator and were thawed (soft to the touch). Box stated, Keep Frozen. On 06/29/2026 at 10:00 AM salad dressing containers on a dry storage shelf have manufacturer packaged date printed on bottles and handwritten dates on caps of the bottles. V7 (Dietary Assistant Director) stated the dates on the top of the bottles are the dates the kitchen received the items. V7 stated the expiration date may have been on the box but that information was not transferred to these bottles. On 06/29/2026 at 10:30 AM, an interview with V7 (Assistant Dietary Director) and V8 (Head Cook) took place, and the walk-in refrigerator was observed after the initial findings at 9:40 AM. The expired items (listed above) remained in the walk-in refrigerator at this time. V7 stated the kitchen staff refer to the facility policy named Storing Food Guidelines which is posted on the outside of the walk-in refrigerator for guidelines for managing food storage and expired food items. V7 stated if a box is labeled Keep Frozen, that package is to be only kept inside the freezer and cooked from frozen. V7 stated the produce that is past the 3-7-day guideline on our policy, is expired and should be thrown away. V7 stated that the ham with the use by date labeled use by 06/23/2026, should be thrown away due to it being 06/29/2026, which is past the use by date of 06/23/2026. V7 stated the expectation for all kitchen staff is to follow the facility policy regarding the proper storage and maintenance of food items held within the kitchen. V8 stated, if the policy says something, we need to go by what it says. V8 then stated the expired items in the walk-in refrigerator should be removed according to facility policy. On 06/29/2026 at 10:40 AM, V6 (Dietary (continued on next page)		

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Director) who began working at the facility last week. V6 stated the kitchen staff follow the policy named, Storing Food Guidelines which is posted on the outside of the walk-in refrigerator in terms of food storage and guidelines. V6 stated their expectation is for food items that are expired, according to the facility policy, to be removed from the refrigerator or dry storage area and disposed of. On 06/30/2026 at 10:15 AM, V1 (Administrator) stated the kitchen staff typically meet 1-2 times weekly about kitchen inventory and meal planning. V1 stated they expect the facility policy to be followed regarding food storage and expiration parameters. V1 stated their expectation is for kitchen staff to review items in the refrigerator and throw away any expired items, according to facility policy. V1 stated there are no residents in the facility that do not receive food from the kitchen. V1 stated 71 residents receive food from their kitchen and the kitchen also provides food for their assistive/supportive living facility due to it being a shared kitchen. Facility policy named, Storing Food Guidelines, not dated, states in part but not limited to: Guide for keeping perishable foods safe and at peak quality. Fresh Food: Ground Meat 1-2 Days in Refrigerator Leftover Cooked Meats 3-4 Days in Refrigerator Bacon 7 Days in Refrigerator Fruit 1-3 Weeks in Refrigerator Vegetables 3-7 Days in Refrigerator Mayonnaise (unopened in dry storage) 2-3 Months		

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F 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that a working call system is available in each resident's bathroom and bathing area. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to have a working call light system. This has the potential to affect all 71 residents currently at the facility. Findings include: On [DATE] at 3:25 PM, observed the call light for room XXX to be on for approximately 12 minutes and observed the nursing station call monitor panel with an error message. V19 (Certified Nursing Assistant) stated I was walking in the hallway when I saw the call light, and I was not aware that the call light was not working. V19 turned the call lights on in six different rooms. The call lights were on, and flushing but no call light alarm or notification was observed from the call light system by the nursing station. V5 (Registered Nurse) said that the last time that she heard the call light was earlier today around 9:30-10:00 AM today. V20 (Maintenance Director) said that the system is all connected and the whole unit system is not working, and he would call a technician to check the system. On [DATE] 10:13 AM, the surveyor rounded on the facility, and the call light system in the facility was still not working properly. The light would turn on with no sound or notification from the nursing station was seen, only an error message. On [DATE] 10:24 AM V2 (Director of Nursing) said that the technician is on the way to fix it today. On [DATE] 12:35 PM, observed an outside technician on the unit working to fix the call light system. On [DATE] 11:26 AM, the surveyor rounded the facility, and the call lighting system was still not working. On [DATE] at 1:24 PM, V1 (Administrator) said the call light system will be fixed, and the parts will be available on Monday. We are going to continue to have the staff placed on the hallway and do frequent rounds, and the staff will be using walkie-talkies to call for assistance and communicate. According to the CMS 671 form, dated [DATE], there are 71 residents in the facility. The facility provided a list of 20 residents who required total assistance. According to the Facility Assessment tool dated 6-2025 through 5-2026, the following is noted: Physical environment and building plan needs. Section 4.9. List physical resources and describe the process to ensure adequate supplies and equipment are maintained to protect and promote the health and safety of residents. Under other physical plant needs: nurse call system. On [DATE] at 3:44 PM, V1 provided the facility policy titled, Call Lights: Accessibility and Timely Response, revised dated 5/2025. Which reads in part (but not limited to), Policy: The purpose of this policy is to ensure the facility is adequately equipped with a call light at each resident's bedside, toilet, and bathing facility to allow residents to call for assistance. Call lights will directly relay to a staff member or centralized location to ensure appropriate response. Policy Explanation and Compliance Guidelines: 8. Staff will report problems with a call light or the call system immediately to the supervisor and/or maintenance director and will provide immediate or alternative solutions until the problem can be remedied. (Examples include replace call light, provide a bell or whistle, increase frequency of rounding, etc.) 9. Ensure the call system alerts staff members directly or goes to a centralized staff work area.		

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F 0575 Level of Harm - Potential for minimal harm Residents Affected - Many	Post a list of names, addresses, and telephone numbers of all pertinent State agencies and advocacy groups and a statement that the resident may file a complaint with the State Survey Agency. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to post the required [NAME] and [NAME] Consent Decree Program information in locations that were readily accessible to residents. This failure had the potential to affect all 10 residents residing in the facility who participate in the program. Findings include: On 06/30/2026 12:41 PM the surveyor round the facility looking for [NAME] and [NAME] Decree program signage and none were found on the first and second floor. V1(Administrator) provided the list of the residents under the program. There are 10 residents under the [NAME] and [NAME] Decree Program. On 06/30/2026 at 1:27 PM, V17 (Social Service Director) said she gets the list of residents under the [NAME] and [NAME] Decree Program from V18 (Director of Business Officer) and is not responsible for the program. The surveyor toured the building with V17, who thought the signage for the [NAME] and [NAME] Decree was posted on the bulletin board, but none was found. On 6/30/2025 at 2:06 PM, V18 said, I get the list of the residents in the program and send it to the social work in the building to assist with the program. On 07/01/2026 at 1:13 PM, V1 (Administrator) said that the facility is expected to post the [NAME] and [NAME] signage and make sure that the residents and families are able to see the signage and have information about the program. Our Social worker V17 has computer access to check who can be part of the program and will be taking over the program from V18 from our corporate office and will run the program. V1 said that V17 will receive proper training to be able to assist families and residents that are in the program and have questions. On 07/01/2026 at 1:45 PM, V2 (Director of Nursing) said that V2 was not familiar with the [NAME] and [NAME] Decree Program until yesterday, and we will comply and make sure that the proper signage will be placed on the bulletin board with the other information for all the residents and family to see. On 07/01/2026, V1 (Administrator) provided the facility policy titled, [NAME] Consent Decree Program (revised date 02/2023), reads in part (but not limited to):PolicyThe facility will support the rights of eligible residents to receive information, outreach, assessment, appeal assistance, and transition services under the [NAME] Consent Decree. The facility will not interfere with or retaliate against a resident who expresses an interest in moving from a nursing facility into the community.Purpose:To establish guidelines for identifying potential [NAME] Class Members, responding to requests for outreach or assessment, protecting resident rights, cooperating with transition agencies, and documenting communication related to the [NAME] Consent Decree Program.Definitions:[NAME] Consent Decree refers to the court-approved agreement resulting from [NAME] v. [NAME], a class-action lawsuit filed under the Americans with Disabilities Act against the State of Illinois. The Consent Decree requires the State to provide eligible Class Members an opportunity to receive services in the least restrictive environment appropriate to their needs and to provide housing assistance to individuals transitioning into the community.[NAME] Class Member refers to a person with a disability who is Medicaid-eligible or enrolled in Medicaid, resides in a nursing facility in [NAME] County, and wants to move into the community and receive community-based services. Maximus refers to the agency responsible for outreach and in-person assessments for the [NAME] program. Prime Agency refers to an agency assigned after assessment to assist the Class Member with transition planning, including development of a personalized service plan and arrangement of housing and community supports. Community Transition Initiative (CTI) refers to a process through which some individuals transition into the community with assistance from their Medicaid Managed Care Organization (MCO).		

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and record review, the facility failed to ensure nurse staffing information was posted in a location readily accessible to residents and visitors. This deficient practice has the potential to affect all seventy-one residents living in the facility. Findings include: On 06/29/2026 at 9:15 AM, the Surveyor entered through facility's main entrance/front desk area and could not find the facility's nurse staffing information displayed. On 06/30/2026 at 8:30 AM, the Surveyor entered through facility's main entrance/front desk area and could not find the facility's nurse staffing information displayed. On 06/30/2026 at 12:30 PM, the Surveyor observed the front desk area to see if the required nurse staffing information was posted. Once again, the Surveyor was unable to locate the data sheet. On 06/30/2026 at 12:21 PM, the Surveyor asked V2 (Director of Nursing) if he could provide the daily nurse staffing sheet and V2 said he did not have it because the facility never posted it. On 07/01/2026 at 2:21 PM, V1 (Administrator) said the facility did not post the daily nurse staffing sheet at the facility on Monday, 6/29/26, or Tuesday, 6/30/26, but should have done so. The CMS-671 form, dated 6/29/26, noted 71 residents presently living at the facility. The facility's Nurse Staffing Posting Information policy, dated 04/2025, reads in part, It is the policy of this facility to make nurse staffing information readily available in a readable format to residents, staff, and visitors at any given time. The policy also states, The facility will post the Nurse Staffing Sheet at the beginning of each shift. The policy further states, The Nurse Staffing Sheet will be posted on a daily basis and will contain the facility name, the current date, the facility's current resident census, and the total number and the actual hours worked by registered nurses, Licensed Practical Nurses/Licensed Vocational Nurses, and Certified Nurse Aides.		