

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/19/2024
NAME OF PROVIDER OR SUPPLIER Jennings Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 275 South Lasalle Aurora, IL 60505	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48944</p> <p>Based on interview and record review the facility failed to respond to a potential abuse allegation by not thoroughly investigating and not reporting the allegation to the State Survey Agency. This applies to 1 of 1 (R9) reviewed for abuse in the sample of 27.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) showed R9 was admitted to the facility on [DATE], with multiple diagnoses including Alzheimer's disease, anxiety, delusional disorder, hallucinations, schizoaffective disorder, and dementia. R9's MDS (Minimum Data Sheet) dated 11/02/2023 showed she had short and long-term memory problems and required the use of a manual wheelchair with partial to moderate staff assistance.</p> <p>The EMR showed R31 was admitted to the facility on [DATE], with multiple diagnoses including parkinsonism, anxiety, amd depression. R31's MDS dated [DATE] showed she was cognitively intact.</p> <p>On 1/17/2024 at 10:33 AM, R31 was participating in the facility's resident council group meeting and shared a concern from two months ago where she observed V4 (Agency Certified Nurse Assistant/CNA) pushing R9 into the dining room table. R31 said she was concerned with the manner V4 treated R9. R31 said she notified V1 (Administrator) the following day and was told V4 would not be returning to the facility.</p> <p>On 1/17/204 at 12:50 PM, V1 said R31 informed her of her concern regarding V4 (Agency CNA) and R9 a few months ago. V1 said she did a quick verbal follow-up but did not do a grievance form investigation. V1 said she did not consider R31's concern as abuse. V1 continued to say V4 said he was frustrated because he had to keep pushing R9 back into the dining room table. V1 said she called the staffing agency and asked for V4 not to return to the facility.</p> <p>On 1/18/2024 at 11:15 AM, R31 said V5 (Social Worker) told her on 1/17/2024 the facility had contacted the staffing agency and asked for V4 not to return to the facility. R31 continued to say she had reported R9's incident because she was concerned the incident was possibly abuse of an elderly person.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 146197
		If continuation sheet Page 1 of 12

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's document, titled Grievance/Complaint Report dated 1/17/2024 (during the survey) showed R31's grievance/complaint of her concern regarding observing an agency CNA speaking sternly and pushing another resident into the table two months ago. The form continued to show V1 was notified of R31's concern two months ago and the staffing agency was contacted to have the identified agency CNA not return to the facility. The form also showed the grievance was not resolved and is still in process.</p> <p>The facility's policy, titled Resident Care Policy and Procedure Regarding Abuse and Neglect, Involuntary Seclusion, Exploitation, Misappropriation of Resident Property, Injuries of Known Origin, and Social Media with a revised date of 3/15/2018, showed Abuse and Neglect Prohibited: This facility, for the protection of the residents, utilizes the seven stages of the CMS [NAME] abuse prohibition protocol .I, identification of possible incidents or allegations which need investigation; I, Investigation of incidents and allegations . Investigating Abuse 1. After an initial report of suspected abuse or neglect is sent to IDPH, the Administrator or designee shall investigate all alleged incidents of abuse or neglect .</p>		

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<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>44387</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents receive assistance for grooming and hygiene cares. This applies to 1 of 3 residents (R30) reviewed for grooming needs.</p> <p>The findings include:</p> <p>On 1/16/24 at 11:08 AM, R30 was sitting in the wheelchair in her room. R30 had several white hairs on her upper lip and chin. R30 said she does not like the hair on her chin and upper lip and would like it off. R30 said someone was supposed to do it, but they never did. On 1/17/23 at 8:46 AM, hair was still noted on her upper lip and chin.</p> <p>R30's MDS (Minimum Data Set) dated 11/3/23 shows that R30's cognition is moderately impaired and R30 needs moderate assistance with personal hygiene. R30's current care plan shows that R30 is at risk for ADL self-care performance deficit and needs extensive assist of 1 staff participation with personal hygiene.</p> <p>On 1/18/24 at 3:38 PM, V3 (ADON/Assistant Director of Nursing) said CNAs (Certified Nurse Aides) were responsible for assisting residents with ADL care. V3 said R30 does not have a history of refusing care, she should not have hair on her chin or upper lip.</p> <p>The facility's Supporting Activities of Daily Living (ADL) policy (reviewed 12/5/23) states that residents who are unable to carry out activities of daily living independently will receive services necessary to maintain good nutrition, grooming, personal hygiene and oral care.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>41384</p> <p>Based on observation, interview, and record review, the facility failed to secure hazardous chemicals. This applies to 4 of 10 residents (R2, R43, R4, R10) reviewed for safe environment.</p> <p>Findings include:</p> <p>1. On 01/16/24 at 10:54 AM, one 32 oz spray bottle of bleach was found in R2 and R43's shared bathroom.</p> <p>R43's 11/6/23 MDS (Minimum Data Set) showed that his mental status is severely impaired.</p> <p>R2's EHR (Electronic Health Record) showed diagnoses including dementia, schizoaffective disorder bipolar type, neurocognitive disorder, and major depressive disorder.</p> <p>On 01/16/24 at 11:14 AM, V11 (Housekeeping staff) said she had cleaned R2 & R43's shared bathroom and left the bottle of bleach in there.</p> <p>2. On 01/16/24 at 11:02 AM, a 32 oz. spray bottle of odor eliminator was found in R4 and R10's shared bathroom.</p> <p>R10's EHR showed diagnoses including schizoaffective disorder, major depressive disorder, and far sightedness.</p> <p>R4's EHR showed diagnosis including dementia with agitation, mild cognitive impairment and age-related cognitive decline.</p> <p>On 01/16/24 at 11:19 AM, V11 was shone the bottle of odor eliminator, and V11 removed the bottle from the shared bathroom. V11 said that the bottle must have been left from the CNAs because she did not use the product. V11 said that bleach and the order eliminator should be locked in a storge area because it is a safety issue for the residents. V11 said that if a resident gets a hold of one of the bottles of chemicals they could get hurt.</p> <p>On 01/18/24 at 2:01 PM, V2 DON (Director of Nurses) said that the bottles of bleach and odor eliminator should not have been left in the residents' rooms because of safety purposes. If a resident has an altered mental status and they get a hold of them, they can hurt themselves or others with it by possibly drinking it or spraying in their eyes or someone else's.</p> <p>The facility's Chemical use policy (no date) showed that all housekeeping staff shall ensure that any chemicals used, such as cleaning, sterilizing, antibacterial, general cleaning . will always be in the housekeeper's control, in locked housekeeping cart and/or behind locked doors.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>44387</p> <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Based on observation, interview, and record review, the facility failed to ensure sanitary storage/containment of respiratory equipment when not in use. This applies to 1 of 2 residents (R49) reviewed for respiratory equipment in a sample of 27.</p> <p>The findings include:</p> <p>On 1/16/24 at 11:19 AM, R49's oxygen tubing and nasal cannula were observed on the floor. On 1/17/24 at 11:02 AM, R49 was sitting in his wheelchair receiving nebulizer treatment. R49's oxygen tubing and nasal cannula were again on the floor. R49 said he uses the oxygen.</p> <p>R49's EMR (Electronic Medical Records) shows R49's diagnosis which includes Chronic Obstructive Pulmonary Disease (COPD). R49's January 2024 Physician Order Sheet showed that R49 had an order to administer oxygen 2-4 liters via nasal cannula as needed maintain oxygen over 92% every shift related to COPD.</p> <p>On 1/17/24 at 3:44 PM, V3 (ADON/Assistant Director of Nursing) said if oxygen is not in use, the oxygen tubing and nasal cannula should be contained in a bag and not on the floor for infection control reasons.</p> <p>The facility's Oxygen Tubing Storage Policy and Procedure policy (updated 1/2/24) states that oxygen tubing will be stored when not in use in a plastic bag.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>44387</p> <p>Based on observation, interview, and record review, the facility failed to administer correct dose of insulin medication. This applies to 1 of 3 residents (R39) reviewed for insulin medication administration in a sample of 27.</p> <p>The findings include:</p> <p>On 1/17/24 at 8:13 AM during medication pass, V7 (Agency RN/Registered Nurse) went to R39's room and to administer the scheduled dose of insulin. V7 said that R39 has an order to receive 50 units of Lantus (insulin). V7 administered the dose of insulin to R39's right upper arm. When V7 was done administering the insulin, some insulin remained in the insulin pen. Surveyor asked V7 for the insulin pen; there were still 2 units of insulin left in the pen and the pen's dial was at 2 with R39 not receiving the full prescribed dose. V7 said that dial should be at 0.</p> <p>R39's EMR (Electronic Medical Records) shows diagnoses which includes Type 2 Diabetes Mellitus with unspecified diabetic retinopathy and macular edema, and Type 2 diabetes mellitus with diabetic neuropathy. R39's POS (Physician Order Sheet) shows the following order for Insulin Glargine subcutaneous solution pen injector 100 unit/ml inject 50 units subcutaneously in the morning. R39's current are plans shows that R39 has Diabetes Mellitus with intervention to administer Diabetes medication as ordered by the doctor.</p> <p>On 1/17/24 at 3:47 PM, V3 (ADON/Assistant Director of Nursing) said the nurse should administer the required dose because the resident needs to right dose to help digest their food, and to keep insulin levels in the normal range.</p> <p>The facility's Administering Medications (revised 12/2012) policy states that medications must be administered in accordance with the orders .</p>		

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<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 ensure the sanitization of the kitchen, and discard and store food items to prevent the transmission of food borne illness. This applies to all residents that reside in the facility.</p> <p>Findings include:</p> <p>The facility's [DATE] CMS-671 Form showed 50 residents live in the facility.</p> <p>1. On [DATE] at 11:23 AM, quality assurance checks of red sanitization buckets and the three-compartment sink was conducted with V6 Dietary Manager.</p> <p>Sanitizing Bucket #1 strip tested at zero ppm (parts per million).</p> <p>Sanitizing Bucket #2 was dumped and refilled by V8 Dietary Aid before V6 tested sanitizer concentration. Bucket #2 with sanitizer strip tested at zero ppm.</p> <p>Sanitizing Bucket #3 strip tested at zero ppm.</p> <p>The three-compartment sanitizing sink tested at zero ppm.</p> <p>V6 Dietary manager stated staff should be changing the sanitization bucket several times during meal preparation and the person that changes should be checking it. Staff have not been checking the sanitization bucket or documenting it- ultimately, it's my responsibility. On [DATE], V6 stated I realized the sanitizing bucket and sink weren't at the proper level during the initial tour. Testing the sanitizing buckets should be done when you replace the water with sanitizer. V6 stated the three-compartment sink should be tested three times per day, or when it gets dirty and is refilled, or if the water gets hotter than 75 degrees because the higher temperature makes the sanitizer less effective. The buckets and sink should be tested to assure the correct level of sanitization is being used. V6 stated if you don't have enough sanitizer, it would not effectively sanitize, and can cause infection control issues with cross contamination and food borne illness. If you have too much sanitizer it's ineffective and can contaminate the item you are trying to sanitize, and potentially get residents sick and cause harm to the residents. V6 stated we should have been documenting the testing. If we had been doing the testing, we would have known there was a problem before Tuesday. A company came out to check the dish machine. I should have run the machine and then do a check of the sanitizer after the final rinse. V6 stated we should be doing it three times a day with breakfast lunch and dinner.</p> <p>2. On [DATE] at 10:31 AM, the facility kitchen tour was conducted with V6 Dietary Manager and the following were noted:</p> <p>Dry Storage-</p> <p>Opened red food color 16oz (ounces) dated [DATE]</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Opened malt vinegar 12 oz - no opened-on date or use by date.</p> <p>Opened yellow food color 32 oz dated [DATE]</p> <p>Opened green food color 16oz- no open on date, use by date or manufacturer date.</p> <p>Opened red food color 32 oz opened on [DATE]</p> <p>V6 Dietary Manager stated items should be good for one year after opening.</p> <p>Two bottles of chocolate syrup 24oz expired on ,d+[DATE]</p> <p>Eight bottles of raspberry syrup15.1 oz expired [DATE]</p> <p>Open lime juice 1 gallon and in dry storage label says refrigerator after opening.</p> <p>Double bagged ground black crumbs. Bag opened by V6 identified as chocolate cookie crumbs sundaes.</p> <p>Corn starch in large clear bin covered by a metal baking pan not secured to bin- no use by or manufacturer expiration date.</p> <p>Opened whey protein powder (10lb) opened in a zippered storage bag- no open on date, use by date or manufacturer expiration date.</p> <p>Walk-in cooler-</p> <p>8 Green peppers with mold and soft spots.</p> <p>Canadian bacon 32oz opened package wrapped in plastic wrap-- opened on [DATE].</p> <p>V6 Dietary manager stated the Canadian bacon should have been used within in four days after opening. We keep dented cans on top of the organizer of in use other cans in dry storage.</p> <p>Reach-in cooler-</p> <p>Opened mayonnaise 128 oz opened [DATE]</p> <p>Opened cream cheese 11lbs opened [DATE]</p> <p>Walk in freezer-</p> <p>large bag of garlic bread -- writing on bag illegible</p> <p>Reach-in freezer-</p> <p>Two bags of pro apple muffin batter no volume amount listed on bags. Manufacture use by date of [DATE].</p> <p>(continued on next page)</p>		

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<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 8:45 AM, V6 Dietary Manager stated food coloring is good for one year after opening according to our standard, and vinegar should have an open on date and use by date once it is open. The manufacturer's expiration date is the expiration date. Expired and should be discarded it's not used and serving expired food items can cause food borne illnesses. Foods that say refrigerate after opening should be refrigerated because they can spoil, become contaminated, and causes food borne illness. Dry items like the cornstarch should be labeled with the contents, when it came in, and when it expires. Items should be covered with a tight-fitting lid so rodents and bugs don't get in it, or spoil, which can allow harmful bacteria to grow. V6 stated I don't believe the cornstarch had an expiration date. Food transferred to another container should have a label that includes what it is, when it came in, when it expires or a use by date. Opened items that have manufacturers label should have the date it came in, and if open, when it was opened, when expires, or the use by date. Fresh items with mold and soft spots should be disposed of. V6 stated the Canadian bacon that turned gray should have been disposed of to prevent food borne illness because it could be spoiled. The Canadian bacon should have been used in 4 to 6 days. Labels that are illegible if unopened should go by manufacturer use-by date. The dented cans can be discarded or set aside for the food service company to take back. the dented cans should not be stored where our regular cans are because a staff members may use them and it may increase the risk of food borne illness like botulism. Salad dressing should be used within 30 days of opening and using it past the date increases the risk of contamination and risk of food borne illness increases also. Cream cheese icing should be used 30 days after opening. The garlic bread should be labeled legibly since it was taken out of the original container, and staff should have transferred the label information from the manufacturer label or the received date and use-by date since it was open and it should be good for 30 days after opening. The apple muffin batter was no longer good and should have been disposed of, even if it's in the freezer, because we need to follow the manufacturer original use-by date.</p> <p>The facility policy Storage of Dry goods / Foods dated 2010, states foods stored in bins will be removed from original packaging and bins will be labeled with item and date unpacked. Open products will be labeled and tightly covered to protect against contamination including from insects and rodents. The facility policy Labeling and Date Marking Foods dated 2014, states to decrease the risk of food borne illness and to provide the highest quality of food for the residents prepared and packaged foods may be marked with the date received, the date opened and or the date by which the item should be discarded. The facility undated recommendation chart for opened items list mayonnaise is good for two months refrigerated after opened. The facility policy Sanitizing Solution for Wiping Cloths dated 2015 states using an appropriate test strip, the strength of the sanitizing solution will be tested each time the sanitization buckets are changed. The facility did not provide a policy for the three-compartment sink.</p>		

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<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>46003</p> <p>Based on observation, interview and record review, the facility failed to isolate a covid-positive resident from her covid-negative roommate. This applies to 1 of 5 residents (R24) reviewed for infection control.</p> <p>Findings include</p> <p>On 01/17/24 at 10:29 AM, V2 DON (Director of Nursing) stated there was one resident in the facility positive for covid (R45) and one resident under observation for covid (R24). V2 stated that both residents were in the same room. V2 stated they were instructed by the physician to keep the residents together in the same room</p> <p>On 01/17/24 at 11:10 AM, V2 DON stated the facility policy follows the department of health guidelines to isolate covid positive residents. If there is a roommate, they should be relocated if they have tested negative for covid. V2 stated in her professional opinion, the two residents should have been separated. On 01/18/24 at 4:30 PM, V3 ADON stated residents can share a room if they have the same infection and if residents don't have the same infection, they should be separated. V3 stated that on 1/11/24 and 1/15/24 the facility had seven open beds available to relocate R24.</p> <p>On 01/17/24 at 11:25 AM, R24 stated her roommate had been diagnosed with covid but she had not. R24 stated she had been isolated for three or four days. R24 stated she had not been out of her room since being isolated. R24 stated she was not offered another room and did not know how she was being protected from covid. Nurse documentation on 1/17/24 at 3:20 PM states R24 tested positive for covid and is on covid antiviral. Isolation for covid maintained. On 1/18/24 at 4:20 PM, V2 stated nurses have been documenting R24 is positive for covid because she is taking the covid antiviral drug.</p> <p>On 01/18/24 at 4:20 PM, V2 DON stated facility wide covid testing was done on 1/11/24. On 1/15/24 four residents, including R24, were tested because they were symptomatic. V2 stated those residents tested were negative.</p> <p>On 01/18/24 at 3:44 PM, V3 ADON / IC Nurse stated there was no facility wide testing because neither R24 or R45 came out of their room and there were no exposure risks. If there were more residents positive for covid, they would be testing the entire facility. V3 stated they were instructed to leave R24 and R45 together in the same room. V3 stated she did not know what the facility policy said about facility-wide testing for covid.</p> <p>The facility policy Contingency Plan for Isolation for Covid 19 Positive / Suspected Residents dated 4/27/20 states any resident who is suspected or tests positive for Covid 19 will be moved to a private room. If more than one resident test positive they may be co-horted with each other, if of same gender.</p> <p>According to the CDC.gov/coronavirus Infection Prevention and Control recommendations of patients with symptoms of covid (even before results of diagnostic testing) and asymptomatic patients who have been in close contact with someone with covid infection should not be roomed with patients with confirmed covid infection unless they are confirmed to have covid infection through testing.</p>		

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<p>F 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>41384</p> <p>Based on observation, interview, and record review, the facility failed to ensure a resident had a functional call light available. This applies to 1 resident (R36) reviewed for call lights.</p> <p>The findings include:</p> <p>On 01/16/23 at 12:54 pm, a male voice was heard calling out of R36's room. The voice was yelling, get me out of here. At 12:59 pm, R36 was seen in his room yelling Get me out of here. At 1:02 PM, R36 was in his room and continued to yell. Can I get out of here? R36 was asked if he had turned his call light on and he said no one is answering it. R36's call light was not activated.</p> <p>At 1:12 pm, R36 was seen in his room still yelling for help and still no staff came to R36's aid. At 1:23 pm, R36 asked the surveyor if they would help him get out of bed because it was too warm in his room. R36 pushed his call light button to turn on his call light and the call light did not turn on.</p> <p>At 1:28 pm, V9 (CNA) Certified Nursing Assistant was asked by the surveyor to come into R36's room and test his call light. The call light only came on after he re-plugged in the call light, but then the call light would not turn off.</p> <p>At 1:48 pm, V2 (DON) Director of Nurses came into the room and tested the call light and observed that the call light was not working. V2 said that the call light was sticky. V2 said that she expected her staff to check the call lights at the beginning of every shift. On 1/18/24 at 2:01 PM, V2 (DON) said that call lights should be working at all times for emergency reasons and for the residents' needs.</p> <p>The facility's call light policy (no date) showed that call lights are to be answered in a timely manner and the call light system will be maintain by the facility.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 146197	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/19/2024
NAME OF PROVIDER OR SUPPLIER Jennings Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 275 South Lasalle Aurora, IL 60505	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>41384</p> <p>Based on observation, interview and record review, the facility failed to ensure lint was removed from the facility's dryers, posing a fire hazard. This applies to all residents residing in the facility, and all staff and the public that come to the facility.</p> <p>The findings include:</p> <p>On 01/17/24 at 3:48 PM, the facility's three dryers had lint in the bottom of the dryers. In dryer 1, there was approximately a one inch layer of lint on the bottom and on all 4 sides of the lint basket. Dryer 1 was empty. In dryers 2 & 3, there was lint approximately 1 inch thick on the top of the lint screens and there was a pile under both the screens that were about 10 inches high and about 10 inches wide. Both of these dryers were with clothes in them.</p> <p>On 1/17/24 at 3:51 pm, V16 (Laundry staff) said that she cleans the dryers once a day at the end of her day, and she will be cleaning the lint out of these dryers at the end of this day. V16 said that she does about 20 to 30 loads a day. V16 said she does not keep a log when she cleans the lint from the machines. V12 (Maintenance Director) said that if the dryers were running with the lint in them, it would be a fire hazard. V12 said that the facility does not have a policy on removing lint from the dryers. V12 said that he does not keep a log on the maintenance of the dryers, and the lint should be cleaned from the dryer after every load.</p> <p>The facility [brand name] Dryer manual #1 (no date) showed on page 27 rules for safe operation - always keep lint screen clean. The facility [brand name] Dryer manual #2 showed on page 29 rules for safe operation of dryer always keep lint screen clean. The facility's ADC (American Dryer Corp) dryer manual (no date) showed on page 42, Warning lint from most fabrics is highly combustible. The accumulation of lint can create a potential fire hazard, suggested cleaning schedule every third or fourth load.</p>