

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  14A383	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Highland Oaks		STREET ADDRESS, CITY, STATE, ZIP CODE 2750 West Highland Avenue Elgin, IL 60123	

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 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>39537</p> <p>Based on observation, interview, and record review the facility failed to properly label and store food in the refrigerator; ensure thermometers were inside the refrigerator; and ensure leftovers were properly cooled. This affects all residents residing in the facility.</p> <p>The findings include:</p> <p>The CMS 671 dated 8/29/24 showed there were 22 residents.</p> <p>On 8/27/24 at 8:59 AM, during a kitchen tour with V6 (Dietary Manager) there was a small refrigerator, under the steamer. The digital thermometer on the exterior of the refrigerator showed 37 degrees. There was no thermometer inside the refrigerator. V6 said the dietary staff use the digital reading from the exterior for the temperature logs. He said temperatures were monitored to ensure the quality of the food and prevent foodborne illness. There was a stand-up refrigerator with beverages inside. The external digital reading was 39 degrees. There was not a thermometer inside the refrigerator.</p> <p>At 9:03 AM, there was a Cooling Temperature Log affixed to the outside of the walk-in cooler. (The last documented items was Meatloaf on 5/20/24. This document's instructions showed, Record temperature every hour during the cooling cycle. Record corrective actions, if applicable. The food service manager will verify that the food service staff is cooling food properly by visually monitoring food service employees during the shift and reviewing, initially and dating this log daily.) Inside the walk-in cooler there was a metal container, covered with saran wrap, labeled Ham, 8/24/24. V6 said the ham was left over from Saturday. V6 said the ham should be entered on the cooling log. The surveyor and V6 exited the cooler and viewed the Cooling Temperature Log. V6 said the ham was not on the cooling log, but it should be. V6 said the cooling log is done to ensure food is safely cooled and prevent the risk of foodborne illness. Inside the walk-in cooler, was an uncovered, open, shelved cart. There were 5 trays of individual servings of tiramisu and 2 trays of salads. The trays were not covered. There was a tray of individual cups of ketchup that was uncovered. The residents were served the tiramisu and salads during the noon meal.</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
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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 8/28/24 at 9:30 AM, the small refrigerator under the steamer and the front refrigerator still did not have thermometers inside. The walk-in cooler had a tray with left over tiramisu (from yesterday) and individual servings of various salad dressings. These items were uncovered. At 10:02 AM, V6 said food stored in the refrigerator should be covered and labeled. V6 said food is covered to prevent cross-contamination. The surveyor accompanied V6 to the walk-in cooler and pointed out the left-over dessert and salad dressings. V6 replied, That shouldn't be like that. It was from yesterday; I will throw it out. V6 said he doesn't have a cover for the open storage rack (observed yesterday), but stated, We could probably put a bag over the cart until we serve the food.</p> <p>The facility's Spring/Summer 2024 Menu showed on Saturday (8/24/24) baked, glazed ham was served for lunch. The Menu showed Tuesday (8/28/24) was, Lunch Bunch: Village Pizza, salad, and dessert.</p> <p>The facility's Leftover Food Policy dated 2014 showed, Leftover food of adequate quality, appearance, and nutrient retention will be covered, labeled, dated, and used within 72 hours. Procedure: 1. Leftover food will be properly wrapped/covered, labeled, and dated. The product will be refrigerated immediately. 2. Using the two-stage cooling process, leftovers will be cooled to 70 degrees Fahrenheit within 2 hours and then down to less than or equal to 41 degrees within another 4 hours. 3. Cooked foods will be used within 48 hours or frozen for later use .</p> <p>The facility's Storage of Food and Supplies Policy dated 2014 showed, Food and supply storage areas shall be maintained in clean, safe, and sanitary manner. Procedure: .4. Prepared foods stored in the refrigerator until service will be covered, labeled, and dated with an expiration date. TCS (Time/Temperature Control for Safety) foods prepared on site must be labeled with the name of the food, the date it should be sold, consumed or discarded .7. Refrigerators and freezers will be equipped with an internal thermometer and monitored. Temperatures will be documented .</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>34491</p> <p>Based on observation, interview and record review, the facility failed to ensure staff wore appropriate PPE (personal protective equipment) in enhanced barrier precaution rooms when providing direct care for residents and failed to prevent cross-contamination during personal cares for 3 of 5 residents (R19, R16, and R14) reviewed for infection control in the sample of 14.</p> <p>The findings include:</p> <p>1. R19's face sheet, provided by the facility on 8/29/24, showed she had diagnoses including muscular dystrophy, dysphagia (difficulty swallowing), protein-calorie malnutrition, gastro-esophageal reflux disease, and gastrostomy status (a g-tube). R19's ADL care plan initiated on 6/28/24 showed she is limited in her ability to transfer herself due to deconditioning/weakness related to muscular dystrophy and anemia. R19's Nutritional Status care plan initiated on 6/28/24 showed she has a g-tube and is on Enhanced Barrier Precautions: Follow instructions outside of resident's door.</p> <p>On 8/27/24 at 9:57 AM, V9 went into R19's room with surveyor. V5 (CNA) had her arms around R19's waist, putting a gait belt around R19. V5 secured the gait belt and assisted R19 with transferring from her bed to her wheelchair and then from her wheelchair to her recliner. R19 was not feeling well on 8/27/24 and V5 had both hands on R19's gait belt. V5's arms were touching R19 on her sides and her back during the transfers. V5 did not have a gown or gloves on during the transfers. A sign on R19's doorway showed she was on enhanced barrier precautions and staff should Wear gloves and a gown for the following high-contact resident care activities .Transferring .</p> <p>On 8/28/24 at 11:55 AM, V11 (Social Services) was observed in R19's room. V11 did not have a gown or gloves on. V11 was sitting on R19's unmade bed, talking to R19, who was sitting in her recliner.</p> <p>2. R16's face sheet, provided by the facility on 8/29/24 showed he had diagnoses including vascular dementia with anxiety, and a personal history of stroke. R16's care plan initiated on 7/7/22, showed he needed assistance with ADLs (activities of daily living) due to cognitive loss, weakness, limited mobility, deconditioning, activity intolerance related to CHF (congestive heart failure), pain, and limited range of motion.</p> <p>(continued on next page)</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>On 8/27/24 at 9:42 AM, R16 was sitting in his wheelchair, propelling himself into his bathroom. V12 (Certified Nursing Assistant-CNA) was passing by R16's room and asked him where he was going. R16 said he was going in to use the bathroom. V12 asked R16 to hold on a minute and he would go get someone to assist him. V12 propelled R16 back out of the bathroom and told him he would be right back. V12 walked down the hall and came right back with V10 CNA. V10 entered R16's room without performing hand hygiene or donning PPE (personal protective equipment). The sign on R16's doorway showed Enhanced Barrier Precautions- Everyone Must: Clean their hands, including before entering and when leaving the room. Providers and Staff Must Also Wear gloves and a gown for the following High-Contact Resident Care Activities .Dressing .Transferring .Changing briefs or assisting with toileting . V10 closed the door to R16's room and walked back out after a couple of minutes. At 9:48 AM, V10 returned to R16's room because the call light had been activated. V10 entered R16's room without performing hand hygiene or donning PPE. This surveyor knocked on the door and entered R16's room. V10 was observed cleaning R16 after he had a bowel movement. V10 did not have a gown on, only gloves. At 9:50 AM, V9 (Registered Nurse-RN) said R16 was on enhanced barrier precautions due to a wound on his right toe. V9 said staff only need to put PPE on when coming in contact with the affected area.</p> <p>On 8/28/24 at 12:16 PM, V13 (RN/Infection Preventionist) said enhanced barrier precautions involves modified contact precautions for anyone with an indwelling device or wound. V13 said the expectation is that staff would don gown and gloves if providing high-contact direct care. V13 said staff should be putting on a gown and gloves when providing toileting care, adding, We are trying to protect him from being exposed to anything he might come in contact within his environment. V13 said even though the wound is on his foot, staff should be donning a gown and gloves. V13 said when transferring a resident, if they are requiring extensive assist, then a gown is needed along with gloves. V13 said It is probably not appropriate for staff to be sitting on R19's bed because that is her environment.</p> <p>On 8/29/24 at 9:06 AM, V11 (Social Services) said she should not have sat on R19's bed to prevent cross-contamination, especially since her bed was not made, because she (R19) is on enhanced barrier precautions.</p> <p>The facility's policy and procedure titled Enhanced Barrier Precautions (EBP), with a review date of May 2024, showed 1. It is well-known that residents residing in congregate long-term care settings are at increased risk of becoming colonized and/or infected with MDROs (Multidrug-resistant organisms). 2. MDROs present significant infection control obstacles in their treatment and prevention of transmission. 3 Understanding that transmission can occur from colonized residents, Enhanced Barrier Precautions (EBP) is a measure to mitigate the spread to un-affected residents .5. EBP also applies to residents living in a long-term care setting who have indwelling devices (such as urinary catheters) or chronic wounds. These residents are at increased risk during high-contact cares due to potential transfer of MDROs to or from a staff's hands/clothing. a. Regardless of MDRO status, any residents with indwelling devices or chronic wounds will have EBP during the duration of the device or wound. The policy showed When a resident is known to be colonized with an MDRO or has an indwelling device/chronic wound: a. A sign will be placed outside their door, along with a PPE cart. i. This sign will list the cares requiring EBP .c. ABHR (alcohol-based hand rub) will be made available in the room for hand hygiene before, between, and after cares .e. High contact cares requiring gown, glove use include .iii. Transferring .v. Changing linens. vi. Toileting/changing briefs.</p> <p>20042</p> <p>(continued on next page)</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>3. On 8/27/24 at 9:38 AM, R14 was in bed while V4 CNA (Certified Nursing Assistant) was providing morning care. R14's night gown, incontinence pad, and wet washcloths were on the floor next to his bed. V4 did not have any gloves on, picked up the dirty linen and placed it in a pile on the floor in front of the armoire. V4 used hand sanitizer then put R14's tennis shoes on. V4 put a round pad on R14's left lower leg. V4 raised the head of bed and then lowered his bed. V4 did not have gloves on and picked up the pile of dirty linen from the floor and carried it out of the room.</p> <p>On 8/28/24 at 1:35 PM, V2 DON (Director of Nursing) stated, the soiled/dirty linen should not go on the floor. You don't know what is on it and then it will get on the floor and can go all over. It is cross contamination. It is absolutely an infection control problem.</p> <p>The Face Sheet dated 8/29/25 for R14 showed medical diagnoses including left sided hemiplegia, psoriasis, vascular dementia, mild cognitive impairment, peripheral vascular disease, atherosclerotic heart disease, cerebral infarction, pulmonary hypertension, hypokalemia, occlusion of right carotid artery, osteoarthritis, mononeuropathy of left lower limb, Vitamin D deficiency, gastroesophageal reflux disease, hypertension, dysphagia, hyperlipidemia, weakness, and sick sinus syndrome.</p> <p>The MDS (Minimum Data Set) dated 7/17/24 for R14 showed dependence for toileting hygiene and lower body dressing; substantial/maximal assistance for upper body dressing and personal hygiene. Incontinence of bowel and bladder.</p> <p>The facility's Incontinence Care policy (8/29/24) showed thorough perineal care, as detailed below, is to be performed during AM cares and HS cares. The policy did not state where dirty/soiled linen should go to prevent cross contamination when care is provided.</p>		