

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  14E392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/12/2024
NAME OF PROVIDER OR SUPPLIER  West Chicago Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE 928 Joliet Road West Chicago, IL 60185	

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 0578</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 request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46003</b></p> <p>Based on interview and record review the facility failed to enter a physician's order that reflects the resident chosen code status of DNR (Do Not Resuscitate). This applies to 1 of 10 residents (R10) reviewed for advanced directives in a sample size of 21.</p> <p>Findings include:</p> <p>R10 admitted to the facility on [DATE]. R10 has diagnoses that includes schizophrenia, asthma, bipolar disorder, major depressive disorder, osteoarthritis, fibromyalgia, and osteoporosis. R10's EMR (Electronic Medical Record) was reviewed. R10 did not have a physician's order for code status. Review of the facility binder contained R10's paper copy of her POLST (Physicians Order for Life Sustaining Treatment).</p> <p>On [DATE] at 4:29 PM, V1 (Administrator), stated she did not see a physician order for R10's code status in the EMR. V1 stated the nurse is responsible for obtaining and entering the physician code status. Psych-social is responsible for scanning the resident's POLST into the EMR if one is available and the DON (Director of Nursing) is responsible for updating the resident's profile. V1 stated without the physician's order the resident is considered a full code.</p> <p>On [DATE] at 5:29 PM, V15 LPN (Licensed Practical Nurse) stated in an emergency she would look for the code status in the EMR.</p> <p>On [DATE] at 5:30 PM, V16 RN (Registered Nurse) stated she would look for the code status on the resident's profile.</p> <p>The facility policy Advanced Directives dated ,d+[DATE] states all residents / patients shall be presumed as having consented to CPR (Cardiopulmonary Resuscitation) unless there is documentation in the medical record that the resident / patient has specified that the DNR order be written. Physicians' orders to support the advanced directives should be obtained by nursing personnel as appropriate.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>41384</p> <p>Based on observations, interviews and record reviews the facility failed to provide a safe comfortable and homelike environment for 3 residents (R8, R31, and R76) in a sample of 21.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>On 07/09/24 at 11:32 AM R31 and R76's shared room was very warm and had 2 fans in the room. R31 said that in the afternoon the sun shines in the room and the room gets hotter. R76 said that air conditioning is not working on their side of the wing and that they must have fans in their room because it happens every day. R76 said that in the afternoon the room gets really bad and muggy.</li> <li>On 07/09/24 at 02:50 PM, R8 said that it has been warm in her room for the last month or so.</li> </ol> <p>On 07/09/24 01:05 PM V9 (Housekeeping Director) was observed taking room temperatures. R8, R31 and R76's bedroom temperatures were 82 F.</p> <p>On 07/09/24 01:59 PM V9 said that the room temperatures should be between 70 - 81 degrees, and that the facility does not have a maintenance director and has not had one since the spring. V9 says that she reports the temperatures in the morning meeting and if the temperatures are over 74 , she texts the facility administrator. V1 said that on 7/09/24 the circuit breaker had overheated causing the air conditioning to shut off.</p> <p>On 07/09/24 at 02:57 PM R8 and surveyor went into R8's bedroom and a blanket was observed on the floor next to the wall that was to the adjoining bathroom. R8 said that V9 placed the blanket there to collect water that leaks from behind the wall in the bathroom. R8 said V9 told her to leave the blanket. Inside R8's bathroom the tile was missing on the wall in the bathtub around the faucet. The plaster was exposed and broken and missing also. The bathtub faucet was observed with leaking water. The wall around the soap tray was observed soft when pushed upon. R8 said that the blanket has been on the floor for a few months, and it makes her sad and angry and because of this she must shower in another resident's room. R8 said it is an inconvenience that she does not like because she must take all her personal items down to the room every day to shower.</p> <p>The facility's recorded temperatures for the day of 7/9/24 showed that R8, R31, and R76's bedrooms were 82 F.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 07/11/24 at 11:19 AM V5 (Sister Facility's Maintenance Director) said that the room temperatures should be under 75F, and if the breaker overheats it will trip and turn the AC off. V5 said that he was from another building and only comes to this facility when he is needed. At 11:24 AM V5 and surveyor went into R8's room and a blanket was observed on the floor next to bathroom, the water was running from the bathtub faucet, and there was missing tile and missing plaster board around the bathtub faucet. V5 pushed on the wall and said that the wall was weak, then pushed on the wall by the soap tray and said that the wall needed to be replaced and caulked, and that was why the water was leaking into the bedroom. V5 said that the entire wall by the faucet was weak and missing tile and needs to be replaced. V5 said that he had never been called to fix R8's bathroom. V5 then looked on his phone and looked at the facility's open work orders and found an open order to repair R8' bathroom. V5 said, while looking at the open order, work orders for tub and tile missing and caulking needed. Doesn't even say anything about leak from bathroom to bedroom area. V5 said that his regional supervisor tells him when to come to the facility to do work and he was not told about needing to do work in R8's room.</p> <p>On 07/11/24 at 01:45 PM a record review of the facility's open work order showed, 5/15/24 room R8's, Comments: missing shower tile caulking the sink need caulking a new sink also have little bugs in the shower room. Notes: Assigned on May 15/24 to V5 by V5 replaced missing tile on side of tub and caulk around tub</p> <p>On 07/11/2024 at 02:52 PM, V1 (Administrator) said that the temperatures in the rooms should be between 71-80 F because it can cause the residents health problems and they could overheat, and the temperature should be within that range for the residents' comfort and safety. V1 said that she was not aware that the open work order for R8's bathroom had not been done since 5/14/24. V1 said that it should be repaired because it could be a safety hazard to the residents, and it could affect their mental health as well.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48526</p> <p>Based on observation, interview, and record review the facility failed to invite residents to their quarterly care plan meetings and have an active care plan for a medical diagnosis. This applies to 6 of 6 residents (R8, R25, R64, R65, R76, and R83) reviewed for care plans in the sample of 21.</p> <p>The findings include:</p> <p>1. On 07/09/24 at 11:48 AM R25 said he had not had a care plan meeting in a long time. R25 said he had not attended any this year. R25 said he would like to have a care plan meeting. R25 said they used to have regular care plan meetings, but not anymore.</p> <p>On 07/11/24 at 1:50 PM R25 said he was not invited and did not attend any of the care plan meetings that were scheduled in January and April of this year. R25 said attending the meetings makes him feel like he is contributing to his care.</p> <p>On 07/11/24 at 2:00 PM V8 (Psych Rehabilitation Services Assistant) said I am responsible for inviting the residents to the care plan meetings. There is no documentation showing that R25 was invited to the care plan meetings or refused to come. It is important to invite residents to the care plan meetings because it talks about their goals, plan of care, and progress here at the facility. It is important and recommend residents attend the care plan meetings. We have care plan invites that the residents usually sign letting them know what day and what time. I do not have an invite with R25's signature letting him know the date and time of his care plan meetings for this year.</p> <p>R25 is [AGE] years old. R25 was admitted to the facility on [DATE], with multiple diagnoses which included schizoaffective disorder, unspecified psychosis, major depressive disorder, and hypertensive heart disease.</p> <p>R25's quarterly MDS (MDS/Minimum Data Set) dated 04/21/24 showed R25 was cognitively intact. R25 had two quarterly MDS assessments (01/24/24 and 04/24/24) completed this year. R25's care plans were updated on 01/24/24 and 04/24/24 per the EMR (EMR/Electronic Medical Record). R25's EMR did not show any record of R25 being invited to any care plan meetings, or refusals to attend the meetings.</p> <p>The facility's Care Conference Policy effective date 03/2021 showed 1. Guideline: care conference's will be held upon admission, quarterly, change in condition and discharge. Procedure: 4. Determination of Care Plan Schedule: B. Notification of Quarterly Care Plan/Conference Meetings: 2. Social Services will alert the resident of their care plan meeting and invite any other appropriate attendees such as hospice. 7. Charting/Documentation: 1. Social service or designee will document the care plan was completed, what was discussed and who attended.</p> <p>41384</p> <p>2. On 07/09/24 at 11:44 AM, R76, who is alert and oriented, said that she had not been to a care plan meeting.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. On 07/09/24 at 11:47 AM, R64, who is alert and oriented, said she has been at the facility since August of 2022, and she has only attended one care plan meeting.</p> <p>4. On 07/09/24 at 01:01 PM, R65, who is alert and oriented, said she has never been to a care plan meeting.</p> <p>5. On 07/09/24 at 02:50 PM, R8, who is alert and oriented, said that she has been a resident at the facility since 2023 and she has not attended any care plan meetings.</p> <p>On 7/11/24 a record review was done for R8, R64, R65, and R76 and no documentation could be found for any invitations to care plan meetings or any documentation that R8, R64, R65, and R76 even attended a care plan.</p> <p>On 7/11/24 at 12:14 PM V11 PRSC (Psych Rehab Social Coordinator) said that the facility had no documentation of R8, R64, R65, and R76 being invited to their care plans or that they had attended a care plan.</p> <p>On 07/11/24 at 02:35 PM V2 DON (Director of Nursing) said that the residents should be invited to their care plans so they can voice concerns and be involved with their care and because it is their right to attend.</p> <p>46409</p> <p>6. On July 11, 2024, at 3:15 PM, V11 (Psych Rehabilitation Services Coordinator) said if a resident had a diagnosis of alcohol dependence, they should have a care plan outlining their care area and interventions. V11 said R83 did come to the facility with the history of alcohol abuse. V11 said he did not see an alcohol abuse or dependence care plan in R83's care plan. V11 said the care plan should have been put in on admission.</p> <p>On July 11, 2024, at 2:15 PM, V2 (DON/Director of Nursing) said residents who have a diagnosis of alcohol dependence should have a care plan for it.</p> <p>R83 was admitted to the facility on [DATE], with diagnoses including alcohol dependence, major depressive disorder, generalized anxiety disorder, suicidal ideation, hypertensive heart disease, and neoplasm of the skin. R83's MDS (Minimum Data Set) dated July 5, 2024, showed R83 was cognitively intact. R83's care plan dated January 19, 2024, did not show any care plans or interventions for R83's alcohol dependence. R83's Psychosocial History assessment dated [DATE], showed R83 had residential instability or homelessness due to alcohol and depression.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46409</b></p> <p>Based on interview and record review, the facility failed to make an appointment for a resident experiencing urinary urgency symptoms. This applies to 1 of 1 resident (R83) reviewed for quality of care in a sample of 21.</p> <p>The findings include:</p> <p>On July 9, 2024, at 2:11 PM, R83 said he had an enlarged prostate and had been waiting for three months to get an appointment to see someone.</p> <p>On July 11, 2024, at 12:53 PM, V4 (Medical Records/Scheduler) said depending on the availability of the doctor and insurance, appointments were usually made within the month. V4 said she had sent a referral for R83 on April 1, 2024, and an appointment was made on April 9, 2024, for June 20, 2024. V4 said she received a call from the doctor on May 23, 2024, saying they did not accept his insurance. V4 said she called another urologist's office on May 23, 2024, requesting for R83 to be seen there and did not have any documentation to show an appointment was made for R83. V4 said the insurance had already approved for him to see the second urologist office and all she needed to do was call and make an appointment. V4 said R83 had several other appointments, so the urology appointment fell through the cracks.</p> <p>On July 11, 2024, at 1:21 PM, R83 said he constantly went to the bathroom, and it always felt like an emergency. R83 said he really wanted to get his urinary symptoms taken care of because his symptoms were getting worse. R83 said he had already been tested and ruled out for bladder and urinary tract infections.</p> <p>On July 11, 2024, at 2:15 PM, V2 (DON/Director of Nursing) said when the nurse gets the order for a referral, the information goes to V4 in medical records. V2 said V4 finds a doctor or specialist that takes the resident's insurance. V2 said once the insurance approved, it should be a quick turnover to make the appointment for the resident.</p> <p>R83 was admitted to the facility on [DATE], with diagnoses including alcohol dependence, major depressive disorder, generalized anxiety disorder, suicidal ideation, hypertensive heart disease, and neoplasm of the skin. R83's MDS (Minimum Data Set) dated July 5, 2024, showed R83 was cognitively intact. R83's POS (Physician Order Sheet) shows an order dated March 28, 2024, which showed, Refer to see urologist due to prostate.</p> <p>R83's progress notes documented the following:</p> <p>On April 1, 2024, at 12:24 PM, Write sent urology referral to [Urology Office].</p> <p>On April 2, 2024, at 2:42 PM, Writer received message that this [doctor]'s office is no longer accepting new patients. Writer will look for another urology office and send referral.</p> <p>On April 9, 2024, at 7:56 AM, Urology appointment 6/20/24 [at] 11:15 am.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On May 23, 2024, at 3:24 PM, [Name] called from [Urology Office], received a referral yesterday and wanting to know more about why referred. Informed them that the referral was for urinary frequency and elevated [Prostate Specific Antigen] numbers. [Name] will call again on Tuesday 5/28/24 and set up the appointment with scheduler.</p> <p>The facility's Outpatient Appointments policy dated 3/2021 showed Ensure that all scheduled and unscheduled outside appointments have been confirmed and arrangements have been made to ensure the resident goes to the appointment.</p>		

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<p>F 0687</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate foot care.</p> <p>46003</p> <p>Based on observation and interview the facility failed to provide foot care for one resident R51 in a sample of 21 residents.</p> <p>Finding include:</p> <p>On 7/09/24 at 12:51 PM, A staff member was observed telling R51 she could not go out to smoke without shoes. R51 removed their sock to show the staff her right foot. R51's toenails were very long and jagged. There was a black spot on R51's right toe.</p> <p>On 7/09/24 at 3:28 PM, R51 removed her socks to show surveyor her long claw like toenails on both of her feet. The bottoms of R51's feet were filthy and black. R51 stated she is wearing socks because she has a bunion and sore on her foot. R51 stated the foot doctor told her he was too busy to see her.</p> <p>On 7/11/24 at 3:49 PM, V17 CNA (Certified Nursing Assistant) stated she is not allowed to cut the toenails of residents they are seen by a foot doctor.</p> <p>On 7/11/24 at 6:33 PM, V4 Scheduler, stated she did not have documentation of when the podiatrist saw R51.</p> <p>The facility did not provide a policy on Activities of Daily living or foot care.</p>

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<p>F 0711</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure the resident's doctor reviews the resident's care, writes, signs and dates progress notes and orders, at each required visit.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46003</p> <p>Based on interview and record review the facility failed to provide physician visits to 1 resident (R6) in a sample of 21 residents.</p> <p>Findings include:</p> <p>R6 admitted to the facility on [DATE] and has diagnoses that includes major depressive disorder, cataracts, arthritis, diabetes, chronic kidney disease, history of malignant neoplasm, hyperthyroidism, hypertensive heart disease, anxiety, anemia, and hyperlipidemia. R6's MDS (Minimum Data Set) dated 4/23/24 shows she is cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15.</p> <p>On 7/09/24 at 11:31 AM, R6 stated she has not seen her primary care physician V20 in over four months and has only seen him that one time. R6 stated she has only been seen by the nurse practitioner and medical students. R6 stated she should be seen by her primary care physician.</p> <p>On 7/11/24 at 4:29 PM, V1 Administrator stated V20 Physician does not come to the facility to round on the residents he sends his Nurse Practitioner. V1 Administrator stated V20 Physician should be rounding in person himself to see residents monthly. V1 Administrator stated she could not find any documentation of V20 Physician rounding on R6.</p> <p>No physician note by V20 was found during review of R6's electronic medical record.</p> <p>V20 Physician was identified as the facilities Medical Director during the survey.</p> <p>The facility policy. Physician Visit Schedule date 3/2021 states, according to federal regulations, residents should be seen by a physician or extender at least once every 30 calendar days, for the first 90 calendar days after admission; and at least once every 60-calendar days thereafter. A visit is considered timely if it occurs not later than 10 days after the date the visit was required. The facility, however, encourages the physician to as often as required. At the option of the physician, required visits, after the initial visit, may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner or clinical nurse specialist. The Director of Nursing or Designee should contact the physician to make them aware of the needed visit, and the physician's response should be documented in the medical record. The Medical Director should be notified of the need to make a visit, for the attending physician, if he/she is unable to visit.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>48526</p> <p>Based on observation and interviews, the facility failed to post the daily staffing. This affects all 85 residents in the facility.</p> <p>The findings include:</p> <p>On 07/09/24 at 9:38 AM there was no posting of the facility's Daily Staffing at the reception desk for the current date. The posting was dated for 07/08/24.</p> <p>On 07/11/24 at 12:30 PM V1 (Administrator) said, I do not know why the daily census sheet for 07/09/24 was not done by 9:30 AM. It is expected that the sheet is completed and put out every morning before we come in for work.</p> <p>On 07/11/24 at 2:43 PM V12 (Receptionist) said she was the morning receptionist in the facility on 07/09/24. V12 said I am responsible for making sure the correct daily staffing sheet is posted every day. I am not sure why I did not have it posted for 07/09/24 at 9:38 AM. I know that it is very important to have it posted every day. I normally post it around 7:00-8:00 AM every day.</p> <p>The facility's Posting Direct Care Daily Staffing Numbers Policy effective date 04/2020 showed: Guideline: To provide a process to post the daily staffing numbers. Process: 1. Within two (2) hours of the beginning of each shift, the number of Licensed Nurses (RN, LPN) and the number of unlicensed nursing personnel (CNA's) directly responsible for resident care will be posted in at the front desk.</p>

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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46409</p> <p>Based on interview and record review, the facility failed to provide Alcoholics Anonymous meetings for a resident with alcohol dependence and failed to provide scheduled one on one meetings with a resident's therapist as ordered. This applies to 2 of 2 residents (R83 and R52) reviewed for behavioral health services in a sample of 21.</p> <p>The findings include:</p> <p>1. On July 10, 2024, at 10:39 AM, R83 said the facility does not offer any AA (Alcoholics Anonymous) class at the facility. R83 said there were people who wanted to go to AA, but the facility would not start it. R83 said there were no groups addressing residents who had substance abuse. R83 said when he was deciding which facility to come to, he was told the facility had substance abuse classes. R83 said psych social had purchased the AA books but no group had been started. On July 11, 2024, at 1:14 PM, R83 said he had told the Director of Psychiatric Services a few months ago. At 1:21 PM, R83 said the groups offered in the facility did not have anything to do with substance abuse. R83 said his therapist said he should be in an AA group to receive additional support. R83 said his alcoholism was very difficult for him and he had no one to talk about it with. R83 said they had never offered to take him to outpatient AA meetings either.</p> <p>On July 11, 2024, at 3:15 PM, V11 (PRSC/Psych Rehabilitation Services Coordinator) said he was the PRSC for R83. V11 said he has had a few residents who have requested wanting to go to AA. V11 said he started in October 2023, and they had not had AA since then. V11 said R83 had a history of alcohol abuse, and he believed AA would be beneficial for R83. At 3:40 PM, V11 brought a list of groups the facility was supposed to hold which included substance abuse. At 3:45 PM, V11 brought the Surveyor to the bulletin board where the groups were posted, which showed Symptom management, which met on Mondays and Fridays, Conflict Management, which met on Mondays and Fridays, Money management, which met every other day, Safe Community Participation, which met on Mondays and Wednesdays, and Self-Care Group, which met on Mondays and Fridays.</p> <p>On July 11, 2024, at 12:28 PM, V3 (PRSC) said one of the residents ordered AA books but there was not enough staff to hold AA meetings. V3 said if they could, they should have an AA group. V3 said she could not remember the last time there was a substance abuse group and at 12:44 PM, V3 attempted to find the sign in sheets showing a substance abuse group was held this year and was unable to find any documentation to support when the last substance abuse group was held.</p> <p>On July 11, 2024, at 2:15 PM, V2 (DON/Director of Nursing) said if a resident needed AA, the staff should take them to an AA group. V2 said if the resident was not taken outpatient, they should hold a group here.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  West Chicago Terrace		STREET ADDRESS, CITY, STATE, ZIP CODE  928 Joliet Road West Chicago, IL 60185	
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<p>F 0740</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R83 was admitted to the facility on [DATE], with diagnoses including alcohol dependence, major depressive disorder, generalized anxiety disorder, suicidal ideation, hypertensive heart disease, and neoplasm of the skin. R83's MDS (Minimum Data Set) dated July 5, 2024, showed R83 was cognitively intact. R83's care plan dated January 19, 2024, did not show any care plans or interventions for R83's alcohol dependence. R83's Psychosocial History assessment dated [DATE], showed R83 had residential instability or homelessness due to alcohol and depression.</p> <p>46003</p> <p>2. R52 admitted to the facility on [DATE]. R52 has diagnoses that includes schizoaffective disorder, obsessive compulsive disorder, auditory hallucinations, visual hallucinations, bipolar disorder, delusional disorder, hypertensive heart disease, major depressive disorder and post-traumatic stress disorder. R52's MDS (Minimum Data Set) dated 5/28/24 shows she is cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15.</p> <p>On 7/10/24 at 10:43 AM, R52 stated she is scheduled to have weekly video one on one visits with V21 Therapist. R52 stated her weekly visits have been canceled too often to be of benefit.</p> <p>On 7/11/24 at 12:26 PM, V11 PRSC (Psych Rehabilitation Services Coordinator) stated he sets up the video session for R52 and V21 Therapist. V11 PRSC stated V21 therapist has made cancellations. V11 PRSC stated V21 had not done sessions on the phone or in person. V11 PRSC stated the last documented session between R52 and V21 therapist was on 6/18/24. V11 PRSC stated when the therapy sessions are missed R52's assigned PRSC should make up the one-on-one session. V11 PRSC stated he did not see any documentation of a one-on-one session with R52 since 6/18/24.</p> <p>On 7/11/24 at 2:01 PM, V3 PRSC assigned to R52 stated the one-on-one sessions are important for R52 as she has been through a lot and prefers not to participate in group therapy sessions. V3 PRSC stated she did not know when the last time V21 Therapist had a one-on-one session with R52.</p> <p>On 7/11/24 at 4:29 PM, V1 Administrator stated V21 Therapist is contracted with the facility. V1 Administrator stated if the therapist cancels the one-on-one appointment her assigned PRSC (V3) should be doing the session and documenting. V1 Administrator reviewed the EMR (Electronic Medical Record) and stated the last one on one session for R52 was on 6/18/24. V1 Administrator stated the meetings need to occur unless the resident refuses.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 46003</p> <p>Based on observation, interview and record review the facility failed to waste compromised medications and label a medication with the opened on and use by date. This applies to medications for 4 residents (R6, R29, R36 and R74) in the facility of 85 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. On [DATE] at 2:34 PM medication cart A was reviewed with V14 RN (Registered Nurse). Basaglar insulin Kwik Pen dispensed for R6 on [DATE] did not have an open on date or use by date written on the label that read expires 28 days after opening. V14 RN stated he did not know when it expired because there is no open or use by date filled out on the label. V14 stated using the insulin after the 28 days could have adverse effects. V14 RN stated using expired insulin could cause the resident to go into shock.</li> <li>2. V14 identified a green pill in a medicine cup as haloperidol. V14 RN stated it was for R74 who was attending an outside skills program. V14 stated she left before 1pm and he didn't I didn't know R74 was gone when he pulled the pill. V14 RN stated he should have discarded it to be safe. V14 RN stated it could perhaps be given to another resident by mistake.</li> <li>3. A medication card dispensed for R36 with tramadol 50mg count 21 had 3 blisters with pills taped and 4 blisters with pills open and not taped. V14 RN stated it should not be taped. it should be wasted with 2 nurses since it's a controlled substance and compromised.</li> </ol> <p>On [DATE] at 3:00 PM, medication cart 'C' was reviewed with V15 LPN (Licensed Practical Nurse).</p> <ol style="list-style-type: none"> <li>4. A medication card dispensed for R29 lorazepam 0.5mg 24 count had one blister with a pill open. V15 stated the compromised medication should be wasted. The medication can be contaminated and cannot be verified when found open. V15 LPN stated the nurses don't pull the medication card out to look at the back when they do the change of shift count.</li> </ol> <p>On [DATE] at 4:29 PM, V1 Administrator stated, insulin pens expire 28 days because the medication goes bad and becomes less effective in lowering the resident's blood sugar. The blister pack on medication cards should be discarded if opened and compromised. V1 Administrator stated the medication can become contaminated, it could fall out without the nurse knowing and a resident could pick it up and ingest it without the nurse knowing putting the resident at risk of an allergic reaction or negative reaction to current medications being taken. Controlled substances can possibly be diverted and should be wasted by two nurses when the package inadvertently opened.</p> <p>The facility policy Medications Controlled dated ,d+[DATE] states do not replace in container and destroy drug in accordance with policies of facility for destruction.</p> <p>The facility policy Medication Storage dated ,d+[DATE] states medications are routinely checked for expiration dates.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>41384</p> <p>Based on observations, interviews and record reviews the facility failed to use appropriate infection control practices for 3 COVID-19 positive residents (R15, R54, and R60), failed to have a system in place to monitor the measures in place to prevent the growth of Legionella and other opportunistic waterborne pathogens in the building water systems, and failed to store soiled linen properly. These failures have the potential to affect all residents at the facility.</p> <p>At the time of this survey, the facility's CMS 671 form (Long-Term Care Facility Application for Medicare and Medicaid) showed a census of 85 residents.</p> <p>1. On 07/09/24 at 11:44 AM outside of R15's room there was a Stop Droplet plus precautions sign on R15's door and there were PPE (personal protective equipment) in the drawers outside her door. There was no eye protection inside the drawers as the sign showed needing. Outside of the room was an open cardboard box with disposed PPE inside, yellow gowns and masks.</p> <p>On 07/9/24 at 01:17 PM V9 (Housekeeping and Laundry Director) was observed going into R15's room and she did not put on any eye protection.</p> <p>2. On 07/09/24 at 01:38 PM, V9 was observed outside of R60's room. There was a sign on R60's door showing, STOP Droplet precautions, and the sign showed that you are to put on PPE before entering, gloves, gowns, masks and eye protection but there were no PPE supplies outside of his room. V9 went down the hall to R54's room to get PPE supplies. V9 put on a N95 mask, gloves, a gown, &amp; booties, but did not put on any eye protection. After V9 came out of R60's room she removed her PPE and placed it in the box in the hall. Then V9 walked down the hall to R54's room and used bleach wipes to clean her hands. Then V9 put on a N95 mask, booties, gloves, and gown and entered R54's room. As she was entering the room, she brought the open box for disposing PPE into R54's room. After leaving R54's room, V9 did not remove her N95 mask and walked down the hallway and then realized she was still wearing the mask she turned around and went back to R54's room opened the door and disposed of the mask in the box in his room. V9 then left the room and did not clean her hands.</p> <p>On 07/10/24 at 10:40 AM V10 Assistant Director of Nursing/Infection Preventionist (ADON/IP) said that he setup the rooms for isolation with the PPE for COVID and he put the boxes in the hallway outside of the rooms. V10 said that the containers for disposing of contaminated PPE should be in the room and it should be closed but the facility did not have any closed containers. V10 said that the staff should also have eye protection on before entering the rooms for protection. V10 said that this should all be done if a resident is on droplet precautions. V10 said that staff should be removing their contaminated PPE and disposing of it before leaving the residents rooms because if they do not there can be transmission of infections or bacteria. V10 said that if staff doesn't wear eye protection, the droplets can spread through the air and go through the staff's eyes. V10 said this is all for infection preventions.</p> <p>On 07/10/24 at 11:43 AM V9 was observed in the laundry room doing laundry. Along the wall was 1 bin with no lid on it with dirty linen in it, and one 50 gallon container with dirty linen from the leaking ice machine in it. V9 said that the containers should have lids on them.</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 - Many</p>	<p>On 07/11/24 03:16 PM V10 said that the dirty laundry should have lids to break the chain of transmission.</p> <p>On 7/11/24 at 10:40 AM V10 was asked how the facility monitors the measures they have put in place to prevent the growth of Legionella and other opportunistic waterborne pathogens in the building's water systems, and V10 said We have a water management plan. We don't test the water at all.</p> <p>On 07/11/24 at 03:14 PM V1 (Administrator) was asked how the facility monitors the measures they have put in place to prevent the growth of Legionella and other opportunistic waterborne pathogens in the building's water systems, and V1 said that the facility has a water management plan, but they do not test the water. V1 said she did not know that the facility needs to check the water for waterborne pathogens.</p> <p>The facility's STOP Droplet signs posted outside of R15, R54 and R60's doors showed that the PPE (personal protective equipment) needed to enter the room were: N95 masks, eye protection (face shield or goggles), gloves, and gowns).</p> <p>The facility's Water Management Program (no date) showed, the purpose of the water management program is designed to actively identify and manage hazardous conditions that support the growth and spread of Legionella. The water management program identifies building water system for which Legionella control measures are needed. Applies control measures to reduce the hazardous conditions whenever possible to prevent Legionella growth and spread, make sure the program is running as designed and is effective. Review the program yearly and revise when the following occurs, data review shows control measures are persistently outside of control limits, . and changes in regulation. What to do when control are not met, testing of water. verification of program, reporting of testing to QAPI meeting.</p> <p>The facility's Infection Control Hand Hygiene policy dated 4/2020 showed hand hygiene is to be performed before and after entering an isolation setting.</p>

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>41384</p> <p>Based on observations interviews and record reviews the facility failed to provide education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine. This has the potential to affect all residents at the facility. At the time of this survey, the facility's CMS 671 form (Long-Term Care Facility Application for Medicare and Medicaid) showed a census of 85 residents.</p> <p>Findings include:</p> <p>On 07/11/24 at 03:50 PM, V7 (Activities Aide) said that she was offered the COVID-19 vaccination about 2 months ago but was not provided any education.</p> <p>On 07/11/24 at 04:16 PM, V8 PRSA (Psych Rehab Social Assistant) said that the facility did offer the COVID-19 vaccine about 2 months ago, but they did not offer any education on it.</p> <p>On 07/10/24 at 10:40 AM, V10 (Assistant Director of Nursing/Infection control Nurse) said that he did not offer any education about the COVID-19 vaccine and the benefits and risks, and potential effects associated with COVID-19. V10 said that he did not have any documentation showing that he offered staff any information or education about COVID vaccinations and that he was unaware that it was required.</p> <p>On 07/11/24 03:18 PM V2 DON (Director of Nursing) said that the facility needs to educate the staff on the current COVID-19 vaccination because some staff might not know and by educating the staff it may change their mind. V2 said that the facility did not have any documentation showing that they have educated the staff about COVID-19 vaccinations.</p>		