

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  05/22/2025
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 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>16746</p> <p>Based on interview and record review, the facility failed to follow physician's order for ID (Infectious Disease) consultation.</p> <p>This applies to 1 of 1 resident (R59) reviewed for physician orders in the sample of 18.</p> <p>The findings include:</p> <p>R59 had multiple diagnoses including unspecified valve endocarditis, and infection and inflammatory reaction due to cardiac valve prosthesis, based on the face sheet.</p> <p>R59's quarterly MDS (minimum data set) dated March 22, 2025, showed that the resident was cognitively intact.</p> <p>On May 19, 2025, at 10:35 AM, R59 stated that she is on antibiotic therapy due to endocarditis.</p> <p>R59's order report showed an active verbal (over the phone) order since June 13, 2024, for, Doxycycline Hyclate oral tablet 100 mg, give 1 tablet by mouth one time a day for Endocarditis /heart valve. Give daily until seen by ID.</p> <p>R59's EMR (Electronic Medical Record) including physician orders and progress notes from June 13, 2024, through May 20, 2025, showed no evidence that the resident was seen by the ID to evaluate the need for continued use of the Doxycycline Hyclate (antibiotic) medication.</p> <p>R59's active care plan initiated on March 29, 2024, showed that the resident is on antibiotic therapy related to history of endocarditis and heart valve disorder. The same care plan showed several interventions including, Administer medication as ordered.</p> <p>On May 20, 2025, at 11:30 AM, V10 (MDS/Minimum Data Set Coordinator) was asked about R59's order for daily administration Doxycycline Hyclate medication until seen by ID. V10 stated that she was not aware that R59 had seen an ID practitioner.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On May 21, 2025, at 10:00 AM, V10 stated that she had reviewed R59's EMR and confirmed that the facility did not follow up the physician's order for the resident to be evaluated by the ID for continued use of the Doxycycline Hyclate medication. V10 presented R59's progress notes dated May 20, 2025, at 3:04 PM which showed that the facility had spoken to the resident's physician and instructed the facility to continue the administration of the Doxycycline medication until seen by the ID practitioner due to history of endocarditis.</p> <p>On May 21, 2025, at 10:29 AM, V3 (Assistant Director of Nursing/Infection Preventionist) stated that she was made aware that the ID consultation was not scheduled for R59 since the antibiotic order was made on June 13, 2024, until asked by the surveyor on May 20, 2025. V3 acknowledged that the facility failed to follow the physician's order for R59 to be evaluated by the ID practitioner for the continued use of the Doxycycline medication for endocarditis.</p> <p>The facility's guideline regarding physician orders dated March 2021 showed in-part under the procedure for verbal orders, e) Follow through with orders as required.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45303</p> <p>Based on interview and record review, the facility failed to ensure a resident did not receive an unnecessary medication.</p> <p>This applies to 1 of 2 residents (R5) reviewed for antibiotic use in the sample of 18.</p> <p>The findings include:</p> <p>The EMR (Electronic Medical Record) showed R5 was admitted to the facility on [DATE], with multiple diagnoses including chronic kidney disease, hypertensive heart disease without health failure, and type 2 diabetes mellitus.</p> <p>On May 20, 2025, at 1:08 PM, V3 (Infection Preventionist Nurse) said R5 received antibiotics for a facility acquired UTI (Urinary Tract Infection) in March 2025. V3 said R5 complained of swelling in her hands, feet, and face and requested a diuretic medication. V3 said laboratory tests were done, and an antibiotic was ordered. V3 said R5's laboratory results for R5's urine culture showed R5 did not have an infection and should not have received antibiotics.</p> <p>A progress note dated March 18, 2025, at 3:15 PM, by V8 (LPN/Licensed Practical Nurse) showed Resident complained of edema to bilateral hands/bilateral feet and face. Observed with some edema to noted areas. Resident requesting diuretic. Notified [V9 (Nurse Practitioner)]. Response pending.</p> <p>A progress note dated March 18, 2025, at 5:57 PM, by V8 showed, Per [V9] get stat order for CBC (Complete Blood Count), CMP (Comprehensive Metabolic Panel), and UA (Urinalysis) C/S (Culture and Sensitivity). Resident given specimen cup for urine specimen with instructions and notified to return to nursing station once one .</p> <p>A progress note dated March 19, 2025, at 5:52 PM, by V8 showed Initial results of UA/CS sent to [V9]. Waiting for response.</p> <p>A progress note dated March 19, 2025, at 7:09 PM, V8 showed Per [V9] start resident on [nitrofurantoin] 100 mg (milligrams) times five days. Order carried out/noted.</p> <p>R5's March 2025 Medication Administration Record showed from March 19 to March 26, 2025, R5 received Nitrofurantoin monohydrate macro (antibiotic medication) 100 mg for urinalysis results infection.</p> <p>R5's Laboratory Results Report dated March 21, 2025, showed Culture, Urine: Mixed gram-positive organisms. Mixed urogenital flora is present. These findings are usually not indicative of an infection.</p> <p>On May 21, 2025, at 2:13 PM, V9 said based on R5's symptoms of hand, feet, and facial swelling and R5's urine culture results, R5 should not have been given an antibiotic.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>36567</p> <p>Based on observation, interview and record review, the facility failed to provide ground baked chicken to residents on mechanical soft diet. This applies to 2 of 3 residents (R1 and R79) reviewed mechanical soft diets in the sample of 18.</p> <p>The findings include:</p> <p>On May 19, 2025, at 12:03 PM, during tray line service, V6 (Cook) stated that she prepared mechanical soft diet by manually chopping the baked chicken and then added gravy to the same. V6 showed a container of chopped chicken cut up in varying pieces steeped in gravy. R1 and R79 whose diet tickets showed mechanical soft diet, were served the chopped chicken in gravy.</p> <p>Daily menu spreadsheet for week 4 Monday showed to serve ground deboned chicken with gravy.</p> <p>Recipe for ground deboned chicken with gravy showed to debone chicken and grind meat to correct consistency.</p> <p>On May 22, 2025 at 11:44 AM, V11 (Dietitian) stated that the facility should follow the recipe guidance for mechanically altered diets.</p> <p>Facility policy titled Therapeutic Diets (effective May 2020) Guideline: Therapeutic diets are prescribed by Attending Physician or extender to support the resident's treatment and plan of care and in accordance with his or goals and preferences. Process: 4. If a mechanically altered diet is ordered, the provider will specify the texture modification.</p> <p>Facility diet order listing included that R1 and R79 were on mechanical soft diets.</p>

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<p>F 0806</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options.</p> <p>36567</p> <p>Based on observation, interview and record review, the facility failed to provide a substitute meal option with similar nutritional content as the main entree for the lunch meal. This applies to 6 of 6 residents (R2, R10, R23, R34, R52, and R68) reviewed for dining in the sample of 18.</p> <p>The findings include:</p> <p>On May 19, 2025, at 9:32 AM, V6 (Cook) stated that she prepared baked chicken for the main menu entree and is going to prepare turkey sandwiches for the substitute menu.</p> <p>Facility Daily spreadsheet for spring summer menus for week 4 Monday included Baked chicken (1 portion=3 oz/ounce protein).</p> <p>On May 19, 2025, at 12:03 PM, at the lunch meal, residents who ordered the substitute meal received a turkey sandwich made with slices of deli turkey, chopped lettuce and tomato in between two slices of bread and R2, R10, R23, R34, R52, R68 were served the same.</p> <p>When asked, how many slices of deli turkey she used, V6 (Cook) stated that she added about 3 1/2 slices of turkey per sandwich. V6 showed a recipe for Deli Sandwich (serving size 4 oz/ounce =3 oz protein) she used to prepare the turkey sandwich. The same recipe included to place 3 oz (weighed) lunch meat and 2 slices of cheese on bread slice. V6 stated that she did not add cheese slices nor weigh the turkey slices.</p> <p>On request, V4 (Dietary Manager) weighed the slices of turkey that were added to a sandwich on a weighing scale, and it weighed 2.7 oz.</p> <p>On May 22, 2025, at 11:43 AM, V11 (Dietitian) stated that the substitute menu item should have equivalent protein serving portions as the main meal entree and the facility should follow the recipe specifications for the same.</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>36567</p> <p>Based on observation, interview and record review, the facility failed to ensure that the dishes are sanitized during dish washing procedure and failed to ensure that dented cans were separated from the in-use cans. This applies to all 88 residents that received foods prepared in the facility kitchen.</p> <p>The findings include:</p> <p>Facility's CMS Application Form for Medicare/Medicaid dated May 19, 2025, showed that the facility census was 88 residents. Facility provided information that there are no residents on NPO (nothing by mouth) status.</p> <p>On May 19, 2025, at 9:24 AM, the initial tour of the facility's kitchen was conducted in presence of V4 (Dietary Manager). The dry storage area had 3 cans (6 pounds, 6 ounce each) of Salsa Para Enchiladas that were dented at the seams. These cans were placed on shelving with other canned goods and had a handwritten delivery date of February 14, 2025, on them. V4 stated that the dietary staff must have missed the dents on top of the corners.</p> <p>At the dish machine, V5 (Dietary Aide) was seen washing the dishes at the dirty side of the machine and placing them on racks, which in turn were run through the dish machine. V6 (Cook) was at the clean side of the dish machine putting away the cleaned dishes. V4 stated that the dish machine uses Chlorine as a chemical sanitizer for the final rinse. V4 was requested to test the chlorine using a test strip, and he was hesitant to do so stating that he does not see the sanitizer coming through via the dispenser tubing. However, after waiting a couple minutes, when V4 dipped the test strip in the sanitizer well at the dish machine, the chlorine test strip remained white. V4 stated that he will call 'Maintenance' to check on it and left the area. When asked, V5 and V6 both stated that neither of them tested the dish machine prior to start of the dish washing procedure after breakfast. V6 pointed to a log where results are entered when tested .</p> <p>The Dish Machine (Low Temperature) log verified this information as the columns to test and enter the Wash temperature and the Final Rinse for chlorine in p.p.m (parts per million) prior to washing dishes from the breakfast meal were not filled on May 19, 2025.</p> <p>The dish machine also had qualification requirements posted on surface of the machine that included 50 p.p.m for available chlorine.</p> <p>On May 19, 2025, at 11:51 AM, V4 stated that V7 (Maintenance Director) came and fixed the piping that dispensed the chlorine sanitizer as it had gotten clogged. V4 added that the facility is planning to redo the piping.</p> <p>On May 19, 2025, at 11:57 AM, V7 stated that the dish machine sanitizer had a bad hose.</p> <p>(continued on next page)</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	<p>Dish machine (Model AH, B and C) Operation Manual included the following: The AH, B and C Operational Cycle have a total cycle of 90 seconds steps listed below detail the individual functions that are executed during each operational cycle.</p> <p>6. Cam switches 6 and 7 control the sanitizer and rinse pumps respectively. They turn ON at the beginning of the rinse cycle and run for a few seconds to provide sufficient sanitizer and rinse aid for a few seconds to provide sufficient and rinse aid for rinse cycle. These cams can be adjusted as necessary for proper chemical dosage.</p> <p>Dish machine Installation and Operational Manual included the following: Follow the directions precisely that are on the litmus paper vial and test the water on the surface of the bottom of the glasses. Concentration should be 50 p.p.m minimum to 100 p.p.m maximum. If concentration is incorrect contact your chemical supplier .</p> <p>Chlorine Test Paper strip color chart guidance showed that 50-100 p.p.m had color range of varying shades of purple.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45303</p> <p>Based on observation, interview, and record review, the facility failed to follow their water management program for Legionella. This applies to all 88 residents residing in the facility.</p> <p>The findings include:</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid dated May 19, 2025, showed the facility's census was 88 residents.</p> <p>On May 20, 2025, at 3:39 PM, V7 (Maintenance Director) said for the facility's water management plan, he flushes the water in empty resident rooms. V7 said he uses an electronic maintenance work order system and documents his water management task in the electronic system. V7 continued to say when he documents the Daily Building Water Management Plan in the electronic system, it means he flushed the water in the empty resident rooms and the soiled utility room. V7 said the facility has an ice machine that he cleans every six months. V7 said he cleaned it when he started at the facility in December 2024 because it was obvious it had not been cleaned in a long time. V7 said the facility's water management plan was already developed when he started working in the facility in December 2024, and V7 did not assist in developing the plan.</p> <p>On May 20, 2025, at 4:05 PM, V1 (Administrator) said the facility's water management plan for Legionella does not include a control measure of flushing water. V1 said the plan does not identify building water systems which need control measures or include a level of risk hazard for those areas. V1 said the plan does not include a diagram to show how water is distributed throughout the facility. V1 continued to say the only diagram in the plan is of how water flows out of the building. V1 said the facility had a resident test positive for Legionella pneumonia July 2024, and the facility had the water tested for Legionella and the results were negative for Legionella.</p> <p>On May 21, 2025, at 11:17 AM, V12 (Housekeeping Director) said there is an eyewash station located in the laundry room which V7 installed a few months ago. V12 said the eyewash station is used if a staff member gets detergent in their eyes. V12 said no staff member has had to use the eyewash station. V12 said V7 will come in the laundry room and make sure the eyewash station works.</p> <p>The facility's laundry room eyewash station was located in the back of the laundry room and was a freestanding eyewash station next to a sink.</p> <p>On May 21, 2025, at 11:24 AM, V7 said he installed the eyewash station a couple months ago in the laundry room and has another eyewash station to install in the kitchen. V7 said he goes to the laundry room most days to check the eyewash station is functional. V7 said he turns the eyewash station on and makes sure the covers come off the spigots and then immediately turns it off.</p> <p>On May 21, 2025, at 1:33 PM, V1 said the facility's water management plan for Legionella should include the required documentation.</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>The facility's undated Water Management Program showed 1. Purpose: A Water Management Program is designed to actively identify and manage hazardous conditions that support growth and spread of Legionella. The Water Management Program: Identifies building water systems for which Legionella control measures are needed; Assesses how much risk the hazardous conditions in those water systems pose; Applies control measures to reduce the hazardous conditions, whenever possible, to prevent Legionella growth and spread; Makes sure the program is running as designed and is effective. 2. Background: Legionella is found naturally in [NAME] environments, like lakes and streams, but generally the low amounts in [NAME] do not lead to disease. Legionella can become a health problem in building water systems. To pose a health risk, Legionella first has to grow (increase in numbers). Then it has to be aerosolized so people can breathe in small, contaminated water droplets. Examples of where Legionella can grow: Hot and Cold Storage Tanks; Water Heaters; Faucets; Showerheads and hoses; Pipes, valves and fittings; Infrequently used equipment such as eyewash stations; Medical Equipment such as CPAP (Continuous Positive Airway Pressure, BIPAP (Bilevel Positive Airway Pressure) machines . 4. Water Management System: Here is a description of the water system; included is: Water Enters; Cold water is distributed; Cold water is heated; Hot water is distributed; Hot, cold and tempered water is discarded. See diagram in Figure A (attach appropriate drawing). 5. Control Measures: Temperatures at a variety of points; If levels below normal; corrective action taken. 6. What to do when Controls Not Met (examples): Daily flushing of sinks and showers; Emptying of the ice machine and cleaning per manufacturer's instructions; Testing of the water .</p> <p>The facility's Water Management Program does not include identification of building water systems for which Legionella control measures are needed and assessment of how much risk the hazardous conditions in those systems pose. The program does not show a diagram of the facility's water system.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>45303</p> <p>Based on interview and record review, the facility failed to follow their policy for antibiotic stewardship and have a standardized tool to identify infections in residents. This applies to all 88 residents residing in the facility.</p> <p>The findings include:</p> <p>The facility's Long-Term Care Facility Application for Medicare and Medicaid dated May 19, 2025, showed the facility's census was 88 residents.</p> <p>On May 20, 2025, at 1:08 PM, V3 (Infection Preventionist Nurse) said when a resident is started on an antibiotic, V3 will log the information into the EMR (Electronic Medical Record) Infection Control Module. V3 said this information includes the date of symptom onset, the signs and symptoms, if isolation is required, diagnostic results, and which anti-infective was prescribed. V3 said she does not use McGeer's criteria to determine if a resident has an infection. V3 said facility nurses will conduct antibiotic monitoring for residents receiving antibiotics, which includes the type of infection, vital signs, and if symptoms are improving. V3 said the facility nurses do not use McGeer's criteria.</p> <p>On May 21, 2025, at 12:55 PM, V2 (Director of Nursing) said the purpose of McGeer's criteria is to identify if a resident has a possible infection. V2 said from her understanding, the facility does not use McGeer's criteria due to a copyright issue and the facility uses the EMR infection module.</p> <p>On May 21, 2025, at 1:08 PM, V13 (Regional Nurse Consultant) said the purpose of a standardized tool like McGeer's criteria or Loeb's criteria is to determine if a resident has an infection or not by looking at specific symptoms and diagnostic tests.</p> <p>On May 21, 2025, at 1:15 PM, V2 said the EMR does not show a standardized tool to determine if a resident has an infection or not. V2 said the EMR infection control module does not show if a resident has met criteria for an infection to receive antibiotics.</p> <p>Review of the facility's infection tracking from November 2024 to present does not show a standardized tool was utilized when a resident was started on an antibiotic.</p> <p>The facility's policy titled Antimicrobial/Antibiotic Stewardship Program dated April 2020, showed Guideline: The facility antimicrobial stewardship program includes the following elements; a) Antimicrobial/antibiotic policy and procedure; b) Physician or extender involvement thru an interdisciplinary committee and meets quarterly; c) Pharmacy reports regarding antibiotic therapy; d) There is an identified person who has accountability and training in antimicrobial stewardship; 3) Working with Pharmacy, develop an antibiotic review and feedback process to optimize and monitor the use of antibiotics. Procedure: 1. The Infection Preventionist will collect the infection information use the McGeer Criteria or the [EMR] Infection Control Module .</p>		