STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000816	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakwood Rehab and Nursing Center	**512 EAST OGDEN AVENUE , WESTMONT, Illinois, 60559**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S0000	Initial Comments CHOW (Change in Ownership), First Probationary Licensure survey.	S0000		
S9999	Final Observations Statement of Licensure Violations: 1 of 6 300.696b) 300.696d)2) Section 300.696 Infection Prevention and Control b) Written policies and procedures for surveillance, investigation, prevention, and control of infectious agents and healthcare-associated infections in the facility shall be established and followed, including for the appropriate use of personal protective equipment as provided in the Centers for Disease Control and Prevention's Guideline for Isolation Precautions, Hospital Respiratory Protection Program Toolkit, and the Occupational Safety and Health Administration's Respiratory Protection Guidance. The policies and procedures must be consistent with and include the requirements of the Control of Communicable Diseases Code, and the Control of Sexually Transmissible Infections Code. d) Each facility shall adhere to the following guidelines and toolkits of the Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, Agency for Healthcare Research and Quality, and Occupational Safety and Health Administration (see Section 300.340): 2) Guideline for Hand Hygiene in Health-Care Settings These requirements were NOT met as evidenced by: Based on observation, interview, and record review, the facility failed to follow standard infection control practices with regards to hand hygiene and gloving	S9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3000816	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 11/12/2025

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S9999	Continued from page 1 during provision of grooming/hygiene and toileting care and failed to wear required personal protective equipment (PPE) for residents who were on Enhance Barrier Precautions (EBP). This applies to 3 of 4 residents (R2, R3, R8) reviewed for infection control in the sample of 12. The findings include: 1.On November 10, 2025, at 10:51 AM, V13 (Certified Nursing Assistant/ CNA) provided incontinence care to R2 who was wet with urine. V13 cleaned frontal peri-area and proceeded to apply new incontinence brief, then he cleaned R2's left foot and applied lotion while wearing the same soiled gloves. 2. R8's care plan with initiated date of November 7, 2025, shows R8 was placed on Enhance Barrier Precautions (EBP) related to wound care. On November 10, 2025, at 11:10 AM, there was a pervasive urine odor coming from R8's bedroom. There was an EBP sign outside R8's door. Upon inspection, V13 (CNA) placed a new incontinence brief on R8. V13 was wearing a pair of gloves but he was not wearing an isolation gown. The bedroom floor was noted sticky. There was a pillow that fell on the floor from R8's bed, V13 picked it up while wearing soiled gloves and put it back on to the bed without changing the pillowcase. V13 also changed R8's linens. On November 12, 2025, at 11:47 AM, V1 (Director of Nursing/DON) stated when providing resident care, the staff must perform hand hygiene and change gloves in between dirty to clean tasks. Staff must wear complete PPE for residents who are on EBP when they are providing direct care contact to residents. These tasks are needed to be followed to prevent cross contamination and potential spread of infection. Policy and Procedure for Hand Hygiene with review date of January 2025, shows: Purpose: Provide guidelines on proper and appropriate handwashing and hygiene techniques that will aid in the prevention of the transmission of infection. Procedure: If hands are not visibly soiled, use an alcohol-based hand rub for all the following situations: e. Before moving from a contaminated body site to a	S9999		

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S9999	Continued from page 2 clean body site during resident care; example: after providing peri-care, before applying moisture barrier cream or other treatments. 3. On November 10, 2025, at 9:52 AM, V3 (ADON/Assistant Director of Nursing) was in R3's room squatting at end of R3's bed emptying his urinary catheter into a urinal wearing gloves only. There was a EBP sign outside R3's door. On November 10, 2025, at 11:16 AM, V3 stated that staff should wear PPE (personal protective equipment) which included gown and gloves when providing direct care. V3 stated when emptying an indwelling catheter bag, the staff should wear gown and gloves because bodily fluids may splash onto the staff members' skin during direct care. V3 stated that emptying a urinary catheter is considered direct care. V3 stated that she did not wear correct PPE while in room of R3. V3 says that staff should always wear gown and gloves when providing direct care. The facility provided their policy dated April 28, 2025 and titled, EBP (Enhanced Barrier Precautions) showed, EBP is used to reduce the transmission of "novel or targeted multi-drug-resistant organisms (MDRO). EBP requires the use of gown and gloves during high contact resident care activities. "High-contact resident care activities include: ... changing briefs or assisting with toileting, device care or use of an indwelling medical device, such as: urinary catheter ..." (B) 2 of 6 300.1210b)3) Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. Restorative measures shall include, at a minimum, the following procedures: 3) All nursing personnel shall assist and encourage residents so that a resident who is incontinent of bowel and/or bladder receives the appropriate treatment and services to prevent urinary tract infections and to	S9999		

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S9999	Continued from page 3 restore as much normal bladder function as possible. All nursing personnel shall assist residents so that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary. These requirements were NOT met as evidenced by: Based on observation, interview, and record review, the facility failed to provide timely incontinence care for a resident identified as a heavy wetter, and the facility failed to ensure complete peri-care. This applies to 2 of 3 residents (R2, R8) reviewed for personal care in the sample of 12. The findings include: 1. On November 10, 2025, at 10:51 AM, V13 (Certified Nursing Assistant/CNA) provided incontinence care to R2, who was saturated with urine. V13 applied barrier cream to R2's buttocks without cleaning it first. V13 proceeded to clean the frontal peri-area, however, he did not include the abdominal fold. R2's Minimum Data Sheet (MDS) dated August 21, 2025, shows that R2 requires substantial to maximal assistance with toileting. 2. On November 10, 2025, at 11:10 AM, there was a pervasive urine odor coming from R8's bedroom. Upon inspection, V13 (CNA) placed a new incontinence brief on R8. The soiled incontinence brief was heavily saturated with urine which overflowed to the bed linen and mattress. V13 stated that R8 was a very heavy wetter and the last time he changed R8 brief was at 8:30 in the morning. R8's Minimum Data Sheet (MDS) dated September 22, 2025, shows that R8 was completely dependent to staff for toileting assistance. On November 12, 2025, at 11:50 AM, V2 (Director of Nursing/DON) stated that staff must check and change residents for incontinence every 2 hours and as needed. The staff must also provide incontinence care and ensure that the whole peri area was clean including the abdominal fold to prevent UTI, skin breakdown and to promote comfort to resident. Facility's Policy and Procedure for Incontinence Care dated December 2024, shows: "Residents will be checked periodically for bowel and/bladder incontinence and be	S9999		

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S9999	Continued from page 4 provided with perineal and genital care. To prevent infection and improve the quality of resident's care." (B) 3 of 6 300.1630c) 300.1630d) Section 300.1630 Administration of Medication c) Medications prescribed for one resident shall not be administered to another resident. d) If, for any reason, a licensed prescriber's medication order cannot be followed, the licensed prescriber shall be notified as soon as is reasonable, depending upon the situation, and a notation made in the resident's record. These requirements were NOT met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure that a resident's prescribed medication was not administered to other residents. In addition, the facility also failed to administer medication as prescribed and failed to notify the physician when the prescribed medication was not available. This applies to 4 of 4 residents (R8, R9, R11, R12) reviewed for medication administration in the sample of 12. The findings include: 1. On November 10, 2025, at 10:02 AM, V8 (Nurse) administered multiple medications and vitamins to R11. The Multivitamin oral tablet which was prescribed to R11 was not available. V8 stated that there were no available Multivitamin in the whole facility, and it was already ordered. R11's Medication Administration Record (MAR) dated November 2025, showed V8 signed the MAR which indicates that she had given the Multivitamins to R11. On November 10, 2025, at around 2:10 PM, V8 stated that the Multivitamins remained unavailable. R11's progress notes dated On November 10, 2025, at	S9999		

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S9999	Continued from page 5 2:16 PM shows “Multivitamin Oral Tablet. Give 1 tablet by mouth one time a day for Supplement. None on hand.” This documentation was written after she was approached for inquiry. V8 did not notify the physician. 2. On November 10, 2025, at 10:24 AM, V8 administered multiple medications to R12. However, upon review of R12’s MAR dated November 2025, it showed that R12 also had prescribed Multivitamins with Minerals oral tablet, and Ferrous Sulfate oral tablet. Both medications were not administered during medication pass but were signed as given. On November 10, 2025, at 3:56 PM, V8 said that both Multivitamin and Ferrous Sulfate oral tablet were not available in the facility. V8 documented in the progress notes that these medications were not available after she was asked about it. V8 did not notify the physician. 3. On November 10, 2025, at 11:28 AM, V9 (Nurse) administered 4 units of Insulin Lispro to R8. Upon inspections of the insulin vial, it showed that the medication belongs to R10. 4. On November 10, 2025, at 11:39 AM, V9 administered 2 units of Insulin Lispro to R9. Upon inspections of the insulin vial, it showed that the medication belongs to R10. On November 10, 2025, at 1:41 PM, V1 (Administrator) stated that they have an emergency box for insulin in case a resident ran out of insulin. The staff should not use a resident’s insulin for another resident. On November 12, 2025, at 11:44 AM, V2 (Director of Nursing/DON) stated if the medication is not available, the staff must document in the MAR that it was not given and document in the progress note reason why it’s not given, and physician must be notified. Facility’s policy and procedure with revision date of January 2025, shows: “Purpose: To ensure safe and effective administration of medication in accordance with physician orders and state/federal regulations. Procedure: .... 9. should a drug be withheld, refused, or given other than at the scheduled time, the individual administering the medication shall initial and circle the MAR space provided for that drug and document a rationale....14. Medications may only be administered to the individual in which the medication was prescribed.” (B) 4 of 6	S9999		

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S9999	Continued from page 6 300.2050b) Section 300.2050 b) Meal Planning Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. b) Meat Group: A total of 6 ounces (by weight) of good quality protein to provide 38 to 42 grams of protein daily. To ensure variety, food items repeated within the same day shall not be counted as meeting a required serving. This requirement was NOT met as evidenced by: Based on observation, interview and record review, the facility failed to serve the correct portion size for the protein source at the lunch meal on November 10, 2025. This applies to all 91 residents who received an oral diet in the facility. The Findings include: The facility roster dated November 10, 2025, showed a resident census of 92. On November 10, 2025, V4 (Food Service Supervisor) identified the facility was serving Week 2 Monday on the 4-week Menu cycle. The Week 2 Monday menu spread sheet for the lunch meal called for: Baked macaroni and cheese entrée, serve (2 #6 scoops =2 ounces of protein) for all diets, regular, mechanical soft and puree. On November 10, 2025, at 11:20 AM, V7 (Cook) prepared 8 servings of puree baked macaroni and cheese. The recipe for puree called for 3 Tbsp (Tablespoons of milk) and 2 #6 (2/3 cup) scoops for 1 puree serving. V7 added 1 and ½ cup milk to 16 #8 (1/2) cup scoops of macaroni and cheese and blended for 8 servings. The menu spread sheet called for 2 #6 scoops per serving of macaroni and cheese would equal 2 ounces of protein and would equal 1 and 1/3 cup per serving. Each puree serving made was short by 1/3 cup.	S9999		

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S9999	Continued from page 7 On November 10, 2025, at 11:30 AM, the tray line for lunch serving began. V7 made 5 regular plates with 1 #8 scoop of macaroni and cheese per plate. V4 came into the serving area and told V7 that there should be 2 scoops per plate. V7 plated all diets the baked macaroni and cheese using 2 #8 (1/2 cup) scoops. On November 10, 2025, at 3:00 PM, V4 reviewed the scoop size chart with surveyor and stated there was not enough baked macaroni and cheese served per resident because the #6 scoop was identified as the serving portion and equaled 2/3 of a cup and what was served was from the #8 scoop which was ½ cup portion. V4 stated, based on the scoop portion and menu spread sheet, the serving portion should have been 1 and 1/3 cup and only 1 cup was served to each resident. V4 stated there was 1 serving of scrambled egg served for breakfast as the protein source. On November 10, 2025, at 5:00 PM the dinner tray line was observed. The protein source was tuna salad. V7 stated the tuna salad was used for all diets because celery and onion salt were used instead of the cut-up vegetables. There was no additional protein source served at the evening meal. The facility policy titled "Portion Control" dated September 26, 2023, policy statement showed the residents will receive the correct portion of food through adherence to planned menus and standardized recipes and utilization of proper utensils. The procedure showed proper serving utensils (i.e. Scoops, ladles, or spoons) are used to assure accurate portions are served. (C) 5 of 6 300.2210b)1)3)4)5) Section 300.2210 Maintenance b) Each facility shall: 1) Maintain the building in good repair, safe and free of the following: cracks in floors, walls, or ceilings; peeling wallpaper or paint; warped or loose boards; warped, broken, loose, or cracked floor covering, such as tile or linoleum; loose handrails or railings; loose or broken windowpanes; and any other similar hazards. 3) Maintain all electrical cords and appliances in a safe and functioning condition 4) Maintain the interior and exterior finishes of the	S9999		

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S9999	Continued from page 8 building as needed to keep it attractive and clean and safe (painting, washing, and other types of maintenance). 5) Maintain all furniture and furnishings in a clean, attractive, and safely repaired condition. These requirements were NOT met as evidenced by: Based on observation, interview and record review, the facility failed to maintain a safe environment including toilets in need of repair, door handles needing to be replaced, ceiling tiles that needed to be replaced, and showers needing to be fixed. This applies to all 92 residents residing in the facility. The Findings include: The facility roster dated November 10, 2025, showed a resident census of 92. On November 10, 2025, between 10:15 AM and 11:00 AM, during the facility's environmental tour, the following were identified as maintenance concerns: The first-floor resident's dining room across from the nurse's station had a green high back chair with a broken footrest and a multi- colored wooden chair with a broken arm rest. The men's bathroom across from room 140 the towel rack was missing the towel bar, and the brackets were protruding from the wall. The shower room across from room 140, had a shower that did not have a temperature control valve or a handle to adjust the water temperature. The shower room's light failed to come on with the light switch. There were large, brown-colored stains on the surface of the exit door and windowpane next to room 144 that V5 (Maintenance/Environmental Supervisor) said the stains were rust. The first floor's resident dining/activity room had strips of tape on the threshold of floor's entrance and a cracked tile with a missing piece. There was gray industrial type tape on the heating/ air conditioner wall unit. The wall unit was unplugged with the cord lying on the floor. The janitor's closet on the first floor across from the	S9999		

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S9999	Continued from page 9 nurses' station was unlocked. The janitor's closet contained cleaning chemicals in the room. The shower room across from room 230, was missing a doorknob/handle. The second-floor memory care dining room ice / water dispenser had thick white substance on the dispenser nozzle and water tray. The shower room across from room 242, had a shower nozzle and padded board lying on the floor with nails pointing upward. There was black furlike substance on ceiling vent on left side of sink. The shower stall near the toilet has a large black substance on the ceiling around the light fixture. In R5's bedroom, the bathroom door had an out of order sign on it and the toilet did not flush. On November 10, 2025, at 10: 55 AM, R5 stated, the toilet is not working in his bathroom and has not been working for 2-3 days. R5 stated the toilet across the hall doesn't work, it is not flushing. On November 10, 2025, at 1:25 PM, V5 (Maintenance/housekeeping supervisor), stated the facility discontinued using "TELS" system two weeks ago and now the staff is instructed to contact the receptionist with maintenance complaints. The complaints are entered onto an excel sheet and prioritized from low, medium, high and critical. The concerns prioritized as critical are addressed first. V5 stated the janitor's closets are supposed to stay locked. The housekeepers and department heads have keys to all the janitor closets. V5 stated the shower room across from room 230 does not have a doorknob because it is being replaced. "The residents go in and out of the (shower) rooms, so doors are being replaced with doorknobs that lock." In the shower room across from room 242, V5 looked at the shower stall's ceiling next to the sink and stated "That's Mold, we would have to remove the tile and replace it. If there is a lot of molds, then we would have to have someone come in to fix it." V5 provided the facility's document titled "Work Order Tracker" R5's room was not listed on the tracker showing that the facility identified his toilet was as not working or that the toilet was fixed. (C) 6 of 6	S9999		

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S9999	Continued from page 10 300.2220a)1)2)3) 300.2220d) Section 300.2220 HOUSEKEEPING a) Every facility shall have an effective plan for housekeeping including sufficient staff, appropriate equipment, and adequate supplies. Each facility shall: 1) Keep the building in a clean, safe, and orderly condition. This includes all rooms, corridors, attics, basements, and storage areas. 2) Keep floors clean, as nonslip as possible, and free from tripping hazards including throw or scatter rugs. d) All cleaning compounds, insecticides, and all other potentially hazardous compounds agents shall be stored in locked cabinets or rooms. These requirements were NOT met evidenced by: Based on observation, interview and record review, the facility failed to provide a safe and clean homelike environment. This applies to all 92 residents residing in the facility. The Findings include: The facility roster dated November 10, 2025, showed a resident census of 92. The shower/Tub room across from room 140, had dirt and debris behind the door The shower room across from room 230 had a shower nozzle, paper, dirt, metal bathroom fixtures and a broom on the floor. The second-floor memory care dining room floor was sticky and had food particles on the floor. The ice / water dispenser had thick white substance on the dispenser nozzle and water tray. The shower room across from room 242, toilet was full of stool and paper. There was stool on the toilet seat and floor. There was a shower nozzle and padded board lying on the floor with nails pointing upward. There was black furlike substance on ceiling vent on left side of sink. The shower stall near the toilet has a large black substance on the ceiling around the light	S9999		

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Oakwood Rehab and Nursing Center	**512 EAST OGDEN AVENUE , WESTMONT, Illinois, 60559**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
S9999	Continued from page 11 fixture. A door labeled “Janitor’s closet” adjacent from the first-floor nurses’ station was unlocked. The closet contained bottles of liquid in labeled “Bubble 43” peroxide based all -purpose cleaner, a bottle of cleaner deodorizer/ air freshener, “Us chemical Shurgard HP” and two bottles labeled tub and tile cleaner. On November 10, 2025, at 11:10 AM, V3, (ADON/Assistant Director of Nursing), stated the shower room across from room 242 was “Disgusting”. V3 flushed the toilet, and it did not empty the toilet contents rose up to the top of the toilet and did not flush, V3 also stated the curtains were dirty. V3 looked at the shower stall’s ceiling next to sink and verbalized “That looks like mold”. V3, ADON, stated “I have been here since June and was not aware of the black substance on the ceiling.” V3 stated the staff calls the receptionists to report maintenance issues and they log it and inform maintenance staff. On November 10, 2025, at 1:25 PM, V5 (Maintenance/housekeeping supervisor), stated the facility discontinued using “TELS” system two weeks ago and now the staff is instructed to contact the receptionist with maintenance complaints. The complaints are entered onto a excel sheet and prioritized from low, medium, high and critical. The concerns prioritized as critical are addressed first. V5 stated the facility employs 3 housekeepers for the dayshift and 1 for the evening shift. The facility provided their policy titled “Policy and Procedure Safe, Clean, Comfortable and Homelike Environment” states, The facility will provide a safe, clean, comfortable, and homelike environment to the residents while taking into consideration a person-centered care, where residents’ independence is promoted…… “To ensure that the facility is cleaned on a regular basis according to the federal/state guidelines… The facility will be kept clean and well maintained through regular cleaning schedule, preventative maintenance program, and repair or enhancement of existing structures, systems and fixtures.” (C)	S9999		