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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2021
NAME OF PROVIDER OR SUPPLIER West Suburban Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 311 Edgewater Drive Bloomingdale, IL 60108	
For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by f		FILI regulatory or LSC identifying information)	
F 0690 Level of Harm - Actual harm Residents Affected - Few	<ul> <li>catheter care, and appropriate car</li> <li>**NOTE- TERMS IN BRACKETS F</li> <li>Based on observation, interview ar manner and thoroughly cleanse the patches and cluster groups of MAS buttocks and caused R1 to suffer p</li> <li>This applies to 3 of 3 residents (R1</li> <li>The findings include:</li> <li>1) The Face Sheet showed that R1 embolism, acute respiratory failure excess calories, anemia, lack of corpneumonia due to corona virus dis</li> </ul>	, R2, R3) reviewed for skin alteration a was a [AGE] year-old female with diag with hypoxia, lymphedema, difficulty w pordination, major depressive disorder, ease, muscle wasting and atrophy to n Disease). R1 was admitted to the facil	ONFIDENTIALITY** 15845 rovide incontinence care in a timely re. This failure resulted in multiple ) to R1's bilateral thighs and and incontinence care. gnoses that included pulmonary valking, morbid obesity due to history of COVID-19 infection, nultiple sites, muscle weakness and

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2021
NAME OF PROVIDER OR SUPPLIER West Suburban Nursing & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE 311 Edgewater Drive Bloomingdale, IL 60108	
For information on the nursing home's	plan to correct this deficiency, please con	l tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICI (Each deficiency must be preceded by fi		IENCIES full regulatory or LSC identifying information)	
F 0690 Level of Harm - Actual harm Residents Affected - Few	that R1's had approximately 4-6 inc space meant that R1 could possibly alert and oriented times three. R1 s to 6 staff to turn me. If there is a ma does not have enough people to ha P.M. and 9:30 P.M. I am usually so sores do not heal because I am so never turned to sides. Last time I w sat on a chair. It really does sting m dressing most of the time to protect During this interview, R1 was calm, incontinence care. V5 (LPN/ Licens present when R1 talked about her s be changed 3 times a day. (10:00 A After the interview with R1 on 10/4/ Nurse /LPN/Wound Treatment Nurs (CNA/Certified Nurse Assistant) an R1 had to be moved towards the ex observed with 2 diapers under her saturated with urine. V7 said she ju on R1's perineum or thighs. V7 faile for thorough cleansing. V7 also faile barrier. R1 was noted with multiple On 10/4/21, R1 was compliant whe that this time 2 males were helping open skin sores surrounding her po wounds that V4 categorized it as M were provided by V4: V4 started me wounds. V4 failed to measure the s asked if that was how she measure widest and longest part of wound),	21, the following staff were present to t se); V4 (LPN/Wound Treatment Nurse) d V9 (Male Restorative Aide). A total of dge of the bed, to give room for turning buttocks and 1 diaper on the frontal as ist changed R1's diaper around 10:00 <i>A</i> ed to open R1's multiple skin folds, arou ed to wipe and clean R1's buttocks and skin folds that were not easily accessit n was asked if we could do a thorough V9 and V8 (Restorative Aide). R1 was baterior thighs (left and right) and left ar IASD (Moisture Associated Skin Damage easuring the biggest open skin area on surrounding open area with same cluster of wounds (without measuring smaller V4 said she was new to the job as a treat ands from the longest and widest part of n x 4 cm and 1.0 cm. cm x 1 cm. x 1 cm.	dy and edge of the bed. The lack of turn due to lack of space. R1 was in my own and have to depend on 5 6 staff if all females. The facility ly 3 times a day at 10:00 A.M., 4:30 oped more skin sores and the isition in bed is the same and I am 10:00 A.M. I never got out of bed or urine. They don't apply my wound is a very aggravating situation. asked to check her skin and A/Certified Nurse Assistant) were alidated that R1 was scheduled to turn R1, V3 (Licensed Practical ; V5 (LPN); V6 (LPN); V7 f 6 staff with 1 male and 5 females. to the opposite side. R1 was bect of her pubis area. R1 was A.M. There was no wound dressing und the groin area and labial folds I failed to apply skin ointment observed with multiple patches of nd right buttocks. V4 measured the ge). The following measurements the same group of clustered er group of wounds. When V4 was size wounds and measuring the eatment nurse and was not trained.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2021
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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by f		CIENCIES full regulatory or LSC identifying informati	on)
F 0690	5) Left proximal posterior thigh= 1 of	cm. x 1 cm. x 0.5 cm.	
Level of Harm - Actual harm	6) Left distal/inner thigh= 0.5 cm. x	0.5 cm. x 0.2 cm.	
Residents Affected - Few	V3 (Licensed Practical Nurse /LPN/Wound Treatment Nurse) stated during the skin check observation that only the MASD (Moisture Associated Skin Damage) on the right proximal posterior thigh was observed on 10/3/2021 and that V3 applied foam dressing on it at that time. V3 also added that the rest of the MASD were new. V3 and V4 said R1 had history of MASD before but had healed and they were not as much as observed on 10/4/2021.		
	The care plan dated 5/19/2021 and 8/19/2021 showed that R1 has alteration in skin integrity and is at risk of deterioration and or additional skin issues related to limited mobility, incontinence with bladder and bowel, morbid obesity, lymphedema, refusing air mattress, refusing peri-care at times. The interventions to prevent deterioration and acquired additional skin alteration included but not limited to: good peri care; apply protective barrier; reposition frequently when in bed, chair, and or wheelchair; pressure redistributing mattress; off load bilateral heel from pressure with pillow.		
	limited size of the bariatric bed which	at R1's incontinence care to prevent sk ch had no air mattress and prevented F tment on the care plan showed no revis	R1 from turning to sides was also
	On 10/6/2021 at 3:00 P.M., V1 (Ad more than 350 pounds because it la	ministrator) stated that the facility does acks staff to provide care.	not accept residents that weigh
	On 10/6/2021 at 5:00 P.M., V2 (Director of Nursing) added that V4 was new to her position as a wound treatment nurse and was not trained yet. V2 also said that facility does not accept residents that weigh more than 350 pounds. V2 also added that they try their best to provide care to R1 but R1's situation needed additional support.		
	10/5/2021. V14 said R1 had multipl posterior bilateral thighs and buttoor rated for a 350-pound person. R1 w turning and repositioning. V14 also should be checked for incontinence pressure and an air loss mattress b V14 also said these preventions sh added that if these interventions we sores were unavoidable. V14 state avoidable or not. V14 said if R1 had should be applied to protect the dat every 2 hours, causes urine and ste	Yound Care Physician Specialist) said h le patches/clusters of MASD (Moisture cks area. V14 said R1 was on a bariatri veighs ~600 pounds and her bariatric k validated R1 needed to be kept clean e care at least every 2 hours, should be be implemented to prevent pressure so rould be implemented even if a residen ere implemented and pressure sores and d all possible interventions should be p maged skin. V14 said Peri-care that is pool to saturate the skin and not cleansi ind even a non-medical person knows	Associated Skin Damage) on the c bed but the bariatric bed was onl bed cannot accommodate R1 for and dry from urine and stool and e turned every 2 hours to offload res, MASD or other skin alterations t has multiple comorbidities. V14 nd MASD still existed, then the rovided to determine if sores were to urine, then a foam dressing not done timely, which is at least ng the perineum thoroughly will
	(continued on next page)		

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145333	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2021
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For information on the nursing home's p	lan to correct this deficiency, please cont	L tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICE (Each deficiency must be preceded by f		<b>IENCIES</b> full regulatory or LSC identifying information	on)
F 0690 Level of Harm - Actual harm Residents Affected - Few	<ul> <li>receive as much assistance as nee episode . Frequency depends on bl showed to .cleanse the peri-area ar resident, separate the labia and wa cleanse in skin folds.</li> <li>The POS (Physician Order Sheet) f and the interview with V14 showed change and clean (R1) daily on this assessment to justify this time rang</li> <li>2) On 10/4/2021 at 3:35 P.M., R2 w ulcer on the sacrum. V4 (LPN/Wour with urine and soft stool. V4 failed t separating labial folds to clean. V4 were loosely adhering to the surrour was visibly dripping urine and V4 cc not sealed properly to the skin.</li> <li>The care plan dated 3/9/2021; 6/9/2 risk for deterioration and /or addition bladder. The interventions included barrier.</li> <li>3) On 10/4/2021 at 3:45 P.M., R3 w on the sacrum. R3 was saturated w proceeded to change R3's sacrum let (V15, CNA) provide incontinence.</li> <li>The care plan dated 9/7/2021 show and /or additional skin issues related</li> </ul>	ontinence care states, It is the policy of ded for cleansing the perineum and bu ladder diary and /or routine of minimal of the buttocks wiping from front of perineu- sh area using downward strokes from p for the month of October 2021, the facil conflicting plan of care to prevent skin a time range 10:00 A.M., 4:30 P.M., and e for changing and cleaning R1's incor vas observed regarding her skin alterat and Treatment Nurse) provided wound o o cleanse R2 thoroughly by not cleanin provided wound dressing change on R inding skin because it was still wet whe portinued to fasten the incontinence brie 2021 and 9/7/2021 showed that R2 has nal skin issues related to limited mobilit but not limited to good peri care and d vas observed regarding skin alteration. vith urine and liquid stool. V4 failed to p wound dressing without ensuring that F e care to (R3). At this time, V15 was pri- ved that R3 has alteration in skin integri d to limited mobility, incontinence of bla d to good peri care and drying of skin,	ttocks after an incontinence every 2 hours. The policy also im toward the rectum. For a female public area to rectal area and to ity's policy for incontinence care alteration. The POS showed to a 9:30 P.M. There was no tinence care. for R2 has a stage 4 pressure fressing to R2. R2 was saturated g the frontal/public area and 2's sacrum and the foam dressing n V4 cleansed the rectal area. R2 of with the wound dressing edges alteration in skin integrity and is at cy, incontinence of bladder and rying of skin, apply protective R3 has a stage 4 pressure ulcer rovide R3 incontinence care. V4 R3 was clean and dry. V4 said I will oviding hygiene to R10. ty and is at risk for deterioration adder and bladder . The

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For information on the nursing home's plan to correct this deficiency, please cor		Bloomingdale, IL 60108	20000
			agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		on)
F 0725	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse charge on each shift.		nt; and have a licensed nurse in
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 15845		
Residents Affected - Some		nd record review, the facility failed to princontinence care and grooming/hygie	
	This applies to 4 of 4 residents (R1, R2, R3, and R10) reviewed for staffing needs.		
	The findings include:		
	1) The Face Sheet showed that R1 was a [AGE] year-old female with diagnoses that included pulmonary embolism, acute respiratory failure with hypoxia, lymphedema, difficulty walking, morbid obesity due to excess calories, anemia, lack of coordination, major depressive disorder, history of COVID-19 infection, pneumonia due to corona virus disease, muscle wasting and atrophy to multiple sites, muscle weakness an GERD (Gastro-Esophageal Reflux Disease). R1 was admitted to the facility from the hospital on 5/19/2021.		
	Review of the weight record history showed R1's weights:		
	-06/18/2021= 629 pounds		
	-06/25/2021=632 pounds		
	-07/02/2021=633 pounds		
	-08/09/2021=633.4 pounds		
	-09/07/2021=608 pounds		
	that R1's had approximately 4-6 inc space meant that R1 could possibly alert and oriented times three. R1 s to 6 staff to turn me. If there is a ma does not have enough people to ha P.M. and 9:30 P.M. I am usually so sores do not heal because I am so never turned to sides. Last time I w sat on a chair. It really does sting m	vas lying in her bariatric bed. The width ches space between the side of her bod y end up on the floor if R1 attempted to said Don't worry, I cannot turn myself o ale staff, then 5 staff will do, otherwise andle me, so my diaper change was on aked with urine and stool. I have devel aked with urine most of the time. My por ras changed today was around 9:30 to ny skin when my diaper is soaked with t my skin from the burning sensation. It	dy and edge of the bed. The lack of turn due to lack of space. R1 was n my own and have to depend on 6 staff if all females. The facility ly 3 times a day at 10:00 A.M., 4:3 oped more skin sores and the osition in bed is the same and I am 10:00 A.M. I never got out of bed urine. They don't apply my wound

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The schedule of the night nursing staffing during the past two weeks showed an average of 10-12 both nurses and CNAs throughout the facility. The residents' census as of 10/4/2021 was 190 per V1 (Administrator). During this interview, R1 was calm, cooperative and was compliant when asked to check her skin and incontinence care. V5 (LPN/ Licensed Practical Nurse), V6 (LPN); V7 (CNA/Certified Nurse Assistant) wer		
	<ul> <li>be changed 3 times a day. (10:00 A.M, 4:30 P.M. and 9:30 P.M.).</li> <li>After the interview with R1 on 10/4/21, the following staff were present to tu Nurse /LPN/Wound Treatment Nurse); V4 (LPN/Wound Treatment Nurse); (CNA/Certified Nurse Assistant) and V9 (Male Restorative Aide). A total of 6 R1 had to be moved towards the edge of the bed, to give room for turning tu observed with 2 diapers under her buttocks and 1 diaper on the frontal aspe saturated with urine. V7 said she just changed R1's diaper around 10:00 A. on R1's perineum or thighs. V7 failed to open R1's multiple skin folds, arour for thorough cleansing. V7 also failed to wipe and clean R1's buttocks and f barrier. R1 was noted with multiple skin folds that were not easily accessible</li> <li>On 10/4/21, R1 was compliant when was asked if we could do a thorough s that this time 2 males were helping V9 and V8 (Restorative Aide). R1 was o open skin sores surrounding her posterior thighs (left and right) and left and wounds that V4 categorized it as MASD (Moisture Associated Skin Damage were provided by V4: V4 started measuring the biggest open skin area on tt wounds. V4 failed to measure the surrounding open area with same cluster asked if that was how she measured wounds (without measuring smaller si: widest and longest part of wound), V4 said she was new to the job as a trea V4 then measured the cluster wounds from the longest and widest part of the</li> </ul>		<ul> <li>i; V5 (LPN); V6 (LPN); V7</li> <li>f 6 staff with 1 male and 5 females.</li> <li>to the opposite side. R1 was pect of her pubis area. R1 was A.M. There was no wound dressing und the groin area and labial folds a failed to apply skin ointment one for visual skin inspection.</li> <li>skin check. Same staff, except observed with multiple patches of a right buttocks. V4 measured the ge). The following measurements the same group of clustered er group of wounds. When V4 was size wounds and measuring the eatment nurse and was not trained.</li> </ul>
	<ol> <li>Right distal posterior thigh= 4 cm</li> <li>Right proximal posterior thigh= 1</li> <li>Left buttock= 1.5 cm. x 1.0 cm. x</li> </ol>	cm x 1 cm. x 1 cm.	
	4) Right buttock= 2 cm. x 1 cm. x 1 cm.		
	5) Left proximal posterior thigh= 1 cm. x 1 cm. x 0.5 cm.		
	only the MASD (Moisture Associate 10/3/2021 and that V3 applied foan	0.5 cm. x 0.2 cm. /Wound Treatment Nurse) stated durin ed Skin Damage) on the right proximal n dressing on it at that time. V3 also ad y of MASD before but had healed and t	posterior thigh was observed on ded that the rest of the MASD were
	(continued on next page)		

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(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICI (Each deficiency must be preceded by f		CIENCIES full regulatory or LSC identifying informati	on)
F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<ul> <li>more than 350 pounds because it it</li> <li>On 10/6/2021 at 5:00 P.M., V2 (Dir treatment nurse and was not traine than 350 pounds. V2 also added the additional support.</li> <li>On 10/6/2021 at 6:30 P.M., V14 (W 10/5/2021. V14 said R1 had multipl posterior bilateral thighs and buttoo rated for a 350-pound person. R1 v turning and repositioning. V14 also should be checked for incontinence pressure and an air loss mattress b V14 also said these preventions she added that if these interventions we sores were unavoidable. V14 states avoidable or not. V14 said if R1 had should be applied to protect the dat every 2 hours, causes urine and sto cause MASD and pressure sores a The undated facility's policy for inco receive as much assistance as nee episode . Frequency depends on b</li> <li>2) On 10/4/2021 at 3:15 P.M., toge a stage 4 pressure ulcer on the sao CNA around here on the 600 unit, t assistance. V4 together with V17 (0 was assigned to the first floor and 6 R2 was saturated with urine and so The care plan dated 8/31/2021 sho maintain highest possible level of fu contributing diagnoses; impaired fu Alzheimer's disease, edema, weak</li> </ul>	ector of Nursing) added that V4 was ne d yet. V2 also said that facility does no lat they try their best to provide care to Vound Care Physician Specialist) said h le patches/clusters of MASD (Moisture sks area. V14 said R1 was on a bariatric veighs ~600 pounds and her bariatric b validated R1 needed to be kept clean e care at least every 2 hours, should be pe implemented to prevent pressure so rould be implemented even if a residen ere implemented and pressure sores al d all possible interventions should be p d complained of burning sensation due maged skin. V14 said Peri-care that is bool to saturate the skin and not cleansi ind even a non-medical person knows optimence care states, It is the policy of ded for cleansing the perineum and bu ladder diary and /or routine of minimal ther with V4, R2 was to be observed re crum. R2 was lying in bed in a semi-fet they have lack of staff, and I have to go CNA from staffing Agency) came to ass 500 wing was on the second floor. V4 u off bowel movement.	ew to her position as a wound t accept residents that weigh more R1 but R1's situation needed he saw and examined R1 on Associated Skin Damage) on the c bed but the bariatric bed was only ed cannot accommodate R1 for and dry from urine and stool and the turned every 2 hours to offload res, MASD or other skin alterations t has multiple comorbidities. V14 hd MASD still existed, then the rovided to determine if sores were to urine, then a foam dressing not done timely, which is at least ing the perineum thoroughly will that. the facility to ensure that resident's tittocks after an incontinence every 2 hours. egarding her skin alteration. R2 has al position. V4 stated there was no o around to look for a CNA for sist at 3:35 P.M. V17 stated she infastened R2's incontinence brief. equires assist with ADL's to i limitations and potential ordination, cognitive deficit, istered Nurse) was seen in the aid that she had no CNA on the

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	140000	B. Wing	
NAME OF PROVIDER OR SUPPLIE	R	STREET ADDRESS, CITY, STATE, ZI	P CODE
West Suburban Nursing & Rehab C	Center	311 Edgewater Drive Bloomingdale, IL 60108	
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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<ul> <li>3) On 10/4/2021 at 3:40 P.M., R10 station of the 400-wing unit, second and was soiled. R10 was noted with substance on top of the tongue. R1 substance on her face, shirt, pants, asked V15 to clean and provide grochygiene needs.</li> <li>4) On 10/4/2021 at 3:45 P.M., R3 w teeth on the lower gum line. R3's lo color. R3's lips were dry. R3 was ot sacrum. V4 provided wound dressir provide incontinence care to R3. V4</li> </ul>	was sitting in her wheelchair. R10 was I floor. R10 was wearing a thin shirt that in her tongue exposed. There was a thic 0 also was noted with large amount of and her wheelchair. V16 (Nurse) said boming to R10. V16 said R10 was dependent was lying in bed. R3's was lacking teeth wer teeth had heavy accumulation of do pserved regarding skin alteration. R3 has ng to the sacrum. R3 was saturated with proceeded to change R3's sacrum wo I let (V15, CNA) provide incontinence of	in the hallway near the nursing the was stained with brownish color ck accumulation of orange colored small crumbs of orange color it must be the cheese balls. V16 endent on staff for grooming and on the upper gum line and few lental plaque, brownish/blackish in as a stage 4 pressure ulcer on the h urine and liquid stool. V4 did not bund dressing without ensuring that

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F 0745	Provide medically-related social services to help each resident achieve the highest possible quality of life.		
Level of Harm - Minimal harm or potential for actual harm	**NOTE- TERMS IN BRACKETS H	IAVE BEEN EDITED TO PROTECT C	ONFIDENTIALITY** 15845
Residents Affected - Few		ew, the facility failed to follow up in a ti a resident needing medical evaluation	
	This applies to 1 of 3 residents (R1) requiring transportation services from an outside entity.		
	The findings include:		
	embolism, acute respiratory failure excess calories, anemia, lack of co pneumonia due to corona virus disc	as a [AGE] year-old female with diagno with hypoxia, lymphedema, difficulty w ordination, major depressive disorder, ease, muscle wasting and atrophy, to r flux Disease). R1 was admitted to the	alking, morbid obesity due to history of COVID-19 infection, nultiple sites, muscle weakness
	The weight record history showed R1's weights:		
	-06/18/2021= 629 pounds		
	-06/25/2021=632 pounds		
	-07/02/2021=633 pounds		
	-08/09/2021=633.4 pounds		
	-09/07/2021=608 pounds		
	-10/01/2021=600 pounds		
	that R1's had approximately 4-6 ind space meant that R1 could possible alert and oriented times three. R1 s to 6 staff to turn me. If there is a ma therapy in bed, they stretch my leg an acute rehabilitation center. How twice because the ambulance refus with transportation. I missed my Au	R1 was lying in her bariatric bed. The width's dimension of R1's bed showed b inches space between the side of her body and edge of the bed. The lack of sibly end up on the floor if R1 attempted to turn due to lack of space. R1 was R1 said Don't worry, I cannot turn myself on my own and have to depend on 5 a male staff, then 5 staff will do, otherwise 6 staff if all females. R1 said, I have legs and my arms. This place is not for me. I want to have skilled therapy in dowever, my appointments with the rehabilitation hospital have been canceled efused to take me there because of my weight. The facility did not help me v August and September (2021) appointments. Now I have an appointment or ow what will happen or if they will help me with my transportation. No one told that.	
	(continued on next page)		
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For information on the nursing home's	plan to correct this deficiency, please con	tact the nursing home or the state survey a	agency.
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFIC (Each deficiency must be preceded by	CIENCIES full regulatory or LSC identifying information)	
F 0745 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	appointment to the acute rehabilita appointment, V11 had called the pr medical appointments. V11 said tha needed a bariatric transport service she informed V1 (Administrator), V1 ambulance had denied the transpo appointment was canceled. V11 sa for a resident to go to the acute reh transporting R1. V11 stated R1 has V11 added that hopefully this time a On 10/4/2021 at 2:00 P.M., V1 state transport R1. V1 also added that th had communicated and that it was 10/14/2021. On 10/5/2021 at 11:00 A.M., V12 (5	Medical records/Scheduler for medical tion hospital on August 26, 2021. V11 s ivate ambulance contracted by facility f at she informed the private ambulance a. V11 said that the ambulance denied 12 2 (Director of Nursing) and V12 (Social rt. V11 said R1 had a second appointm id that she called again the private and abilitation hospital. V11 said the private around, the private ambulance will tran ed the ambulance that facility uses doe e private ambulance' CEO (Chief Oper approved as of today (10/4/2021) that I Social Service) stated the private ambu at the facility's plan was. V12 said that t	said a week or two prior to the for residents' transport for outside that R1 was morbidly obese and the request for transport. V11 said Service staff) that the private event on 9/9/2021 since the first as aid she needed bariatric service event and a service and a service event on a service and a service and a service event on a service and a service and a service service and a service and a service and a service event of the service and a service and a service and a service service and a service and a service and a service and a service and a service and a service and the fourth of the service and a service and a service and the service and a service a