

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/09/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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)		
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>22499</p> <p>Based on observation, interview, and record review the facility failed to ensure a resident was treated with dignity following a room transfer. This applies to 1 of 17 residents (R11) reviewed for dignity in the sample of 17.</p> <p>The findings include:</p> <p>On 7/24/24 at 10:00 AM, R11's call light was on, and Surveyor entered the room with V13 (CNA/certified nursing assistant). R11 was lying in bed. (R11) is currently on isolation precaution due to being positive for COVID. R11's bed was positioned with one side against the wall and the other side open to the middle of the room. R11's nightstand was pressed against the wall, near the head of R11's bed but also behind her as R11's head was slightly elevated. R11's digital clock was plugged into the wall, sitting on the nightstand, the time was not set, and the clock was flashing (2:34). R11 stated, Oh, I love my clock. I need my clock and I can't see it. Do you think you could get me a remote for the television? I can't turn it on. R11's roommate (R49) stated, You have to get one from the maintenance man, there isn't one in here. Resident then asked Surveyor who her roommate was and was unsure where her roommate's bed is (behind the curtain so unable to see it). R11 asked two times for staff to please take her breakfast trash off of her over bed table and V13 stated she would and then left the room without taking it. R11 continued, Before I moved over here there was one night, I was so cold, I don't even weigh 100 pounds and I asked them for a blanket and they told me they didn't have any. It was awful.</p> <p>On 7/24/24 at 11:48 AM, V3 (Assistant Director of Nursing) stated, She (R11) was moved by the CNAs prior to the second shift coming in yesterday. It was kind of a group effort to get everyone moved around.</p> <p>R11's Care Plan states, (R11) enjoys primarily independent activities such as watching television and movies, sitting outside when the weather is nice and listening to music.</p> <p>The Illinois Department on Aging Pamphlet, Residents' Rights for people in Long-term Care Facilities states, The facility must treat you with dignity and respect and must care for you in a manner that promotes your quality of life.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 145958	Facility ID: 145958 If continuation sheet Page 1 of 16

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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)		
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>34117</p> <p>35119</p> <p>Based on observation, interview, and record review the facility failed to provide activities of daily living (ADL) including incontinence care and showers for 1 of 17 residents (R3) reviewed for ADLs in the sample of 17.</p> <p>The findings include:</p> <p>On 07/22/24 at 10:24 AM, R3 was in bed. V21 and V22 Certified Nursing Assistant (CNA) stated they were going to change R3 and clean her up for the wound nurse to see. V21 and V22 rolled R3 to her right side and R3 had stool halfway down her thigh and up to her middle back. The back of R3's shirt was soaked with urine from her nephrostomy tube. R3's bed linens were soiled with dried rings of urine of different colors (brown, yellow, pinkish brown) on the bedding beneath her. V21 scrubbed the dried stool from R3's back as R3 called out Ouch. V22 stated they were just getting to her this morning and were not sure when the night CNA had last provided care. V23 Licensed Practical Nurse came in the room to assess R3's nephrostomy and said this morning almost every person was complaining about the night CNA, and they had do not returned the CNA so she wouldn't be coming back. V23 said R3 should have been checked and cleaned much sooner and not left in stool and feces.</p> <p>R3's Care Plan shows R3 has an ADL Self Care Performance Deficit related to Spina Bifida and left below the knee amputation.</p> <p>On 7/23/24 at 8:12 AM, V1 Administrator stated the facility does not have a policy on ADLs.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34117</p> <p>Based on observation, interview, and record review the facility failed to ensure a prescribed scalp treatment was provided to a resident with a diagnosis of psoriasis. This applies to 1 of 17 residents (R1) reviewed for quality of care in the sample of 17.</p> <p>The findings include:</p> <p>R1's face sheet shows she is a [AGE] year-old female with diagnoses including morbid obesity, epilepsy, major depressive disorder, seborrheic dermatitis, arthritis multiple sites, and psoriasis vulgaris (plaques or scales to form on skin including scalp).</p> <p>On 7/22/24 at 9:22 AM, R1 was lying in bed, white scaly buildup was on her scalp. She (R1) stated she has not had her hair washed in three weeks.</p> <p>On 7/23/24 at 8:25 AM, R1 was in her room scratching her head, white scaly buildup remained on her scalp. She (R1) stated she is supposed to get showers on Tuesday and Friday but has not had her hair washed because they do not have a shower chair.</p> <p>On 7/23/24 at 1:17 PM, V11 (Certified Nursing Assistant/CNA) stated R1 transfers using a mechanical lift, her shower days are Tuesday and Fridays. V11 sated R1 is supposed to have a medicated shampoo we use when we wash her hair it has be thoroughly washed and rinsed. V11 stated we have not been washing her hair only giving her bed baths because the shower chair broke two to three weeks ago and she was told it was coming soon.</p> <p>On 7/23/24 at 10:24 AM, V1 (Administrator) stated he was notified about the broken chair and ordered a new shower chair on 7/12/24. At 2:24 PM, V1 stated R1 was receiving bed baths and confirmed after talking with staff, R1 has not been receiving the medicated shampoo.</p> <p>R1's Shower Sheets requested for July shows on 7/9/24 bed bath chair broke on transport and 7/23/24 bed bath given.</p> <p>R1's Treatment Administration Record (T.A.R.) dated July 2024 shows orders for Ketoconazole External Shampoo 2% apply to scalp topically every Tuesday and Friday for dermatology apply 5 ml (milliliters) topically leave on for 5 minutes then rinse. The T.A.R. shows it was documented as given 2 out of 6 treatments.</p> <p>R1's Dermatology Progress note dated 6/22/23 documents psoriasis vulgaris; location: posterior scalp, right shoulder, conchal bowls, eyebrows, glabella: description: well demarcated, erythematous plaques with thick scale on posterior scalp .assessment: psoriasis vulgaris, chronic and not meeting treatment goals currently. Plan: Ketoconazole shampoo scalp twice a week when shampoo hair with ketoconazole shampoo 2%.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>35119</p> <p>Based on observation, interview, and record review the facility failed to identify, assess, and treat a resident's pressure injuries before becoming unstageable and Stage 3, failed to ensure pressure prevention interventions were in place, and failed to do weekly skin assessments for 4 of 6 residents (R51, R224, R3, R62) reviewed for pressure injuries in the sample of 17. This failure resulted in R51 developing an unstageable pressure injury to his left heel, a stage 2 pressure injury to his right heel and a Stage 3 pressure injury to his right scapula and R224 developing a Stage 3 pressure injury to her coccyx.</p> <p>The findings include:</p> <p>1. On 07/22/24 at 12:18 PM, R51 was in bed that was low to the floor with fall mats on both sides of bed. R51's heels were flat on the bed and there were heel boots sitting in the chair at the bedside.</p> <p>On 07/24/24 at 9:37 AM, V8 Wound Nurse stated heel boots are for wound healing and prevention. R51 had heel boots for prevention and now for healing. V8 stated R51 did not have wounds when he was admitted here. V8 stated the nurse informed her of R51's wounds when they were found, and she assessed them. V8 stated when R51's wounds were discovered, R51's left heel had dark brown eschar which she classified as unstageable because she couldn't see the wound bed, R51's right heel had a fluid filled blister which is a stage 2 and R51's right scapula was found as a stage 3. V8 stated R51 can be non-complaint with care, but still the wounds should have been found much sooner. V8 stated wounds should be found before they became open areas, staff should be assessing the residents skin when providing care.</p> <p>R51's Braden Scale for Predicting Pressure Score Risk dated 6/13/24 shows R51 is at very high risk for pressure.</p> <p>R51's Pressure Ulcer Weekly Wound Assessments dated 7/10/24 show: R51 has an acquired during stay, unstageable pressure injury to his left heel measuring 6.0 x 3.0 cm x unknown depth, described as dark brown eschar. The air mattress was previously requested from hospice company and again was requested today.</p> <p>R51 has an acquired during stay, stage 3 pressure injury to his right scapula measuring 0.4 x 0.5 x 0.1 cm, described as round in shape with moist red tissue, light serosanguineous drainage, area sensitive to touch.</p> <p>R51 had an acquired during stay, stage 2 pressure injury to his right heel measuring 3.0 x 3.5 x unknown depth, described as an intact fluid filled blister to the right heel.</p> <p>R51's Care Plan dated 7/11/24 shows Air mattress in place to bed set appropriately and in proper working condition. May adjust firmness per resident's request for comfort. Effective 7/11/24 (after pressure was acquired).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>2. On 07/22/24 at 8:58 AM, R224 was sleeping in bed. V20 (R224's husband) was sitting beside the bed. V20 stated he was here all day with her until 9 PM. V20 stated sometimes they have to wait 1.5 hours for them to change her. They come in and turn call light off then don't come back, so I have to put the call light on again. I would change her myself, if I had the stuff. Last night the nurse found a crack that opened up on her butt and she was supposed to get patch for it. V20 stated he hadn't heard anything yet about it and no one had come to assess it or put a dressing on it.</p> <p>On 07/23/24 at 08:19 AM, R224 was in bed with V20 at the bedside. V8 came in with this surveyor for a skin check. V20 stated the staff noticed the crack on R224's butt and stated they were going to put something on it and never did. V8 rolled R224 to her right side and lowered R224's brief. R224 had an open slit in the crack of her coccyx area that was visibly open and red in color. V8 stated R224 has history of a stage 3 pressure injury there, that R224 was admitted with. V8 stated it now is open again. V8 stated she would call it a stage 3 since it re-opened and previously was a stage 3. V8 stated the nurse that found it should have called the doctor and got orders and let V2 Director of Nursing know. V8 stated there should have been an assessment done and staff should have let me know yesterday (Monday).</p> <p>On 07/23/24 at 08:57 AM, V8 stated R224 has all the pressure interventions in place, not being changed or repositioned could cause wound to reopen. V8 stated she spoke with the doctor and got treatment orders. At 09:01 AM, V8 cleansed the open crack. The wound bed was reddish/pink in color and measured 3.5 x 0.6 x 0.1 cm. V8 used skin prep around wound, applied gauze with medihoney, and a foam dressing.</p> <p>On 07/23/24 at 1:13 PM, V24 Physician said he was just notified today of R224's wound and the nurse should have called when wound was found and get treatment orders.</p> <p>R224's Pressure Ulcer Weekly Wound Evaluation dated 7/23/24 shows re-opened stage 3 pressure injury to coccyx measuring 3.5 x 0.6 x 0.1 cm.</p> <p>R224's Braden Scale for Predicting Pressure Score Risk dated 7/19/24 shows R224 is at very high risk for pressure.</p> <p>3. On 07/22/24 at 10:24 AM, V21 and V22 Certified Nursing Assistants (CNA) went into R3's room to change and clean R3 up. When V21 and V22 rolled R3 to her right side and lowered the bedding, R3 was covered with stool from the middle of her thigh to the middle of her back. R3 had an open wound on her left posterior thigh that was covered in stool. There was no dressing on the wound. V22 stated there was no dressing on R3's thigh and there wasn't one in the bedding. At 10:55 AM, V8 Wound Nurse came into the room to do R3's dressing change. V8 stated there was supposed to be a dressing on her wound, R3 has stage 3 pressure injury.</p> <p>R3's Most recent Pressure Ulcer Weekly Wound Evaluation was dated 7/8/24 (2 weeks ago) and shows R3 has a Stage 3 pressure injury on her left thigh that has been present since admission.</p> <p>R3's Physician Orders dated 6/21/22 shows Left posterior thigh pressure injury: Cleanse with the wound cleanser, pat dry, apply Calcium Alginate, apply silicone dressing. Everyday shift and as needed for wound care.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>On 07/24/24 at 09:37 AM, V8 stated if a resident has pressure, skin assessments should be done weekly. V8 stated she was out last week sick and V3 Assistant Director of Nursing (ADON) was doing the skin assessments.</p> <p>On 07/24/24 at 11:53 AM, V3 stated she did pressure wound assessments last week, but was unable to do R3 and R51's assessment because they were up in the chair.</p> <p>4. On 07/23/24 at 08:32 AM, R62 was sitting up in bed, leaning to her left side, eating breakfast. R62's air mattress was completely deflated and R62's outer edge of both her feet and heels were resting directly on the deflated mattress. R62's air mattress machine did not have any lights on and there was a detached cord hanging under the bed. R62 stated she was able to move her arms but needed help moving her legs. R62 stated she thought she had some wounds on her bottom.</p> <p>On 07/23/24 at 08:35 AM, V16 CNA stated the bed is not on. I think it's broken, it had been beeping. I'm not sure why it's not on. The bed works, the light is on to the remote to move the bed, but not on pressure unit. V16 turned the button on pressure machine box on and off, but no light turned on. V16 saw the plug hanging disconnected underneath and said she was not sure where the plug goes.</p> <p>On 07/23/24 at 08:50 AM, V8 came into the room with this surveyor and said the bed is not working, the mattress is deflated. V8 state R62 needs to be moved out of the bed, she is laying on the metal frame. V17 Licensed Practical Nurse and V16 came in and got R62 out of the bed.</p> <p>On 07/24/24 at 9:37 AM, V8 stated R62's air mattress is for her wound to heal and for her to not acquire any more pressure injuries.</p> <p>R62's most recent Pressure Ulcer Weekly Wound Evaluation is dated 7/12/24 (11 days ago) shows R62 has a Stage 3 pressure injury to her sacrum.</p> <p>The facility's Pressure Ulcer/Pressure Injury Prevention Policy dated 3/2022 shows A facility must: Implement, monitor, and interventions to attempt to stabilize, reduce, or remove underlying risk factors, and if a pressure ulcer is present, provide treatment to heal it and prevent the development of additional pressure ulcers. Implementation: interventions for the prevention of pressure ulcer/pressure injury will be individualized to meet the specific needs of the resident- Protect heels, float, if possible, manage moisture by providing toileting at regular intervals; provide prompt incontinent care, utilizing preventative skin products, pressure redistributing support surface for chair and bed, skin checks weekly by Licensed Nurses, daily observations of skin during care given by CNAs.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34117</p> <p>Based on observation, interview, and record review the facility failed to ensure fall interventions were in place for a resident who is a high risk for falls. This applies to 1 of 17 residents (R4) reviewed for safety in the sample of 17.</p> <p>The findings include:</p> <p>R4'S face sheet shows R4 is [AGE] year-old male with diagnoses including unspecified dementia, abnormalities of gait and mobility, osteoarthritis, history of falling, vascular dementia, cognitive communication deficit.</p> <p>On 7/22/24 at 12:45 PM, R4 was observed in his room lying in bed with his eyes closed, a folded floor mat was in his room against the wall and not on the floor next to his bed.</p> <p>On 7/23/24 at 9:25 AM, V10 (Licensed Practical Nurse/LPN) stated R4 is alert to self, he is a fall risk and lays down after meals. V10 stated R4 should have a low bed and gets up at times without assistance.</p> <p>On 7/23/24 at 1:13 PM, V11 (Certified Nursing Assistant/CNA) stated R4 is alert to self, confused, fall risk, he should have the floor mat on the floor next to him when he is laying down, he is a wiggler when he is in bed.</p> <p>R4's Fall Risk assessment dated [DATE] documents he is HIGH risk for falls.</p> <p>R4's current care plan documents he is at risk for fall, history of falls, impaired balance, unaware of safety needs with interventions including low bed, mat on floor next to bed, requires one person assist with toileting, toileting plan.</p> <p>The facility's Falls Policy dated 2019 states, residents found to be at high risk for falls are placed on the Fall Program, and interventions are implemented to meet individual needs.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34117</p> <p>Based on observation, interview, and record review the facility failed to ensure fortified potatoes were provided during the noon meal for a resident with significant weight loss. This applies to 1 of 6 residents (R6) reviewed for weight loss in the sample of 17.</p> <p>The findings include:</p> <p>R6's face sheet shows he is an [AGE] year-old male with diagnoses including hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, dysphagia, chronic kidney disease and history of falling.</p> <p>On 7/22/24 at 9:33 AM, R6 was sitting in his wheelchair in his room, he appeared thin. He (R6) stated he has lost weight and not sure why. R6 stated he did not know if he was receiving nutritional supplements.</p> <p>On 7/22/24 at 11:50 AM, R6 was in the dining room feeding himself using his right hand. He (R6) was served a ground pork sandwich and fries. He (R6) was not served fortified potatoes.</p> <p>On 7/23/24 at 10:17 AM, V9 (Dietitian) stated R6 triggered for significant weight loss last month, he (R6) should be receiving fortified foods with breakfast and lunch. V9 stated R6 should receive fortified potatoes with his noon meal. V9 stated fortified foods have extra fat, calories, and protein. V9 stated she does not have access to the resident's diet cards and confirmed R6's Physician Order Sheets did not show the fortified foods listed.</p> <p>R6's Dietary note dated 6/25/24 documents his weight at 139.5 lb. (pounds) (6/22), BMI (Body Mass Index) is classified underweight, weight down 5.9 % in one month (significant) .continue current diet encourage intake.</p> <p>R6's Dietary note dated 6/14/24 documents weight loss of 6% or 9 lbs in the past thirty days .resident receives super cereal and fortified mashed potatoes.</p> <p>R6's Weight Summary dated July 23, 2024, showed:</p> <p>1/9/24- 148.4 lb</p> <p>2/9/24- 137.6 lb</p> <p>3/19/24- 142.6 lb</p> <p>4/9/24- 141.2 lb</p> <p>5/1/24- 148.4 lb</p> <p>6/3/24- 139.2 lb</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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)		
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	6/22/24- 139.5 lb 7/2/24- 139. 2 lb R6's Unplanned Weight Loss Policy revised 2012, states, The threshold for significant unplanned and undesired weight loss will be based on the following criteria a. 1 month -5% weight loss is significant; greater than 5% is severe .the dietitian and Physician consult to determine the appropriate diet .supplementation: strategies to increase a resident's intake and nutrients and calories may include fortification of food .		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35119</p> <p>Based on observation, interview, and record review the facility failed to ensure residents pain medications were administered for 2 of 17 residents (R223, R67) reviewed for pain in the sample of 17. This failure resulted in R223 suffering with pain due to metastatic breast cancer with lesions to the bone and liver.</p> <p>The findings include:</p> <p>1. On 07/22/24 at 9:16 AM, R223 was in bed watching TV. R223's face and arms were yellow in color. When asked how everything was going, R223's face appeared sad, and R223 stated It was a horrible start since admission. I felt rushed being discharged from the hospital, they weren't even ready for me here. They didn't have my medications. I got here Thursday night (7/18/24) and they didn't have my pain medications until Saturday morning (7/20/24). The pain by that time was and 8 out of 10. I was so uncomfortable and upset, why not wait for discharge so all my medications can be ready?</p> <p>R223's Face sheet shows R223 was admitted to the facility on [DATE].</p> <p>R223's Hospital History and Physical dated 7/5/24 shows Metastatic breast cancer with metastases to the iliac and femoral bone and liver. Plan: As needed pain control.</p> <p>On 07/23/24 at 12:47 PM, R223 stated she had pain Thursday night and all-day Friday and she had told the nurse. R223 stated the nurse she said she was working on the medications and needed a code to get into the medications. On Friday it was still the same, they were working on my medications, and I couldn't get any pain medications because they needed a code to get into the machine. I don't recall being told there was any problems with my medication orders. Friday my medications were delivered at midnight. I woke up Saturday morning around 2:00 AM, in pain, and was finally able to get my pain medication. Friday my pain was a 6-7 throughout day due to my physical therapy evaluation and I was doing quite a bit. The nurses never asked me my pain level or where my pain was. I kept asking about getting my medications and I just kept getting told I had to wait for pharmacy, and they didn't have a code. My pain was pretty bad, I was very uncomfortable.</p> <p>R223's Physician Progress Note dated 7/19/24 (day after admission) shows Assessment: Septic Shock/ CMV virus, Metastatic breast carcinoma, anemia, anxiety, chronic pain, status post right nephrectomy. Plan: We will certainly prescribe oxycodone as she has been taking it. There is no doubt that she is experiencing some pain given her bony lesions. I think it is very appropriate. We will assist with making sure she is comfortable and encourage her with her rehabilitation.</p> <p>On 07/23/24 at 10:49 AM, V18 Licensed Practical Nurse stated according to R223's Individual Resident Controlled Substance Record, R223's oxycodone was ordered on 7/19/24 (day after admission) and delivered on 7/20/24. V18 stated the pharmacy delivers every evening Monday to Saturday, but there is no Sunday delivery.</p> <p>R223's Physician Orders for July 2024 shows R223's oxycodone was ordered on 7/19/24.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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 0697</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>R223's Controlled Substance Record shows R223 did not receive a dose of oxycodone until 2:00 AM on 7/20/24.</p> <p>On 07/23/24 at 12:53 PM, V2 Director of Nursing stated nurses need a password to get into emergency box for narcotics. The nurses have to call the pharmacy to get the code and 2 nurses verify. All nurses, including agency nurses have access and follow the same procedure to get the code and get the medication from the emergency box.</p> <p>On 07/23/24 at 12:55 PM, V19 Post Acute Nurse Supervisor stated R223's oxycodone ordered showed discontinued on the hospital paperwork. The hospital called and notified us it was supposed to be continued and electronically faxed a prescription. V3 Assistant Director of Nursing (ADON) spoke to the hospital and got an order. V19 stated while waiting for medications to be delivered, the nurses could get the pain medication from emergency box with a code from pharmacy. V19 stated the nurses should have been assessing R223's pain and calling the hospital if there was any question about R223's orders on discharge.</p> <p>On 07/24/24 at 10:45 AM, V3 ADON stated she spoke with a nurse at the hospital the next day (7/19/24) around noon, and the nurse stated the hospital orders had oxycodone discontinued by mistake. R223 stated the nurse gave a verbal order and faxed the pharmacy. V3 stated the nurse could have called hospital to clarify that night if the resident was having pain. V3 stated with an order, the nurse could have gotten the medication from the emergency box.</p> <p>On 07/23/24 at 12:44 PM, V18 stated R223 has pain and usually asks for pain medications in the afternoon and in early morning around 5-6 AM.</p> <p>R223's Medication Administration Record shows that since Oxycodone was received, R223 has taken the medication at least one time daily.</p> <p>R223's Care Plan shows R223 is at risk for pain related to left breast cancer with mets to bone and to liver. Monitor/record/report to Nurse resident complaints of pain or requests for pain treatment. Anticipate R223's need for pain relief and respond immediately to any complaint of pain.</p> <p>The facility's Critical Care Pharmacy Emergency Medication Kit Policy shows A Stat Safe Machine, containing a limited but broad range of drugs, is available for immediate use. The Stat Safe Machine is available to licensed nursing personnel only.</p> <p>2. On 07/22/24 at 10:19 AM, R67 stated I don't have a pain patch yet. I have been waiting since 7:00 AM. My pain is now a 7, it's low back pain. I'm supposed to have a pain patch. R67 leaned forward in her wheelchair and showed this surveyor her lower back and pointed to where on her back the patch was supposed to go. There was no patch observed on R67's lower back.</p> <p>R67's Medication Administration Record (MAR) for July 2024 shows an order Lidoderm patch 5% (Lidocaine) Apply to per additional directions topically in the morning for pain and remove per schedule. Apply 6:00 AM. The same MAR shows R67 has diagnoses of lumbago with sciatica and wedge compression fractures to her second and fifth lumbar vertebra.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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)		
F 0697 Level of Harm - Actual harm Residents Affected - Few	<p>On 07/23/24 8:45 AM, R67 stated the pain patch helps a lot with my pain. I don't have one on this morning yet. V16 Certified Nursing Assistant came into the room and assisted R67 to lower the back of her pants and show this surveyor, there was no pain patch observed on R67's back.</p> <p>On 7/23/24 at 8:50 AM, V17 Licensed Practical Nurse, when asked about R67's pain patch, stated she had not done R67's patch yet. When asked when the patch was due, V17 stated it's due at 6:00 AM, but it had already been signed off by the night nurse. V17 stated she would check and apply the patch.</p> <p>On 07/24/24 at 10:45 AM, V3 ADON stated medications should be given as ordered and on time. V3 stated medications should not be signed off unless administered.</p> <p>On 7/23/24 at 8:12 AM, V1 Administrator said the facility does not have a policy on pain.</p> <p>The facility's Critical Care Pharmacy Policy and Procedure Manual shows It is our purpose to provide to the facility quality care and services which enables the facility to provide and maintain the resident's optimum quality of live within the scope of the resident's physical and psychological well-being. All medications, including non-legend medications (cathartics, headache remedies, vitamins, etc.) shall be given only upon written order of the physician.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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)		
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<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>35119</p> <p>Based on observation, interview, and record review the facility failed to ensure insulin was labeled with an opened date for 3 of 17 residents (R44, R65, R225) reviewed for medications in the sample of 17.</p> <p>The findings include:</p> <p>On 07/23/24 at 10:54 AM, in the South Front medication cart, R44's Lantus insulin vial and Lispro insulin pen were opened and not dated. R65's Lantus insulin pen was opened and not dated. R225's Glargine insulin was opened and not dated. V18 Licensed Practical Nurse stated these are garbage now, they should be labeled with an open date, so we know how long they are good for.</p> <p>R44's Physician Orders for July 2024 shows an order Insulin Lispro Subcutaneous Solution Pen-Injector 100 unit/ml inject as per sliding scale and Lantus Subcutaneous Solution Pen-Injector 100 unit/ml Inject 5 unit subcutaneously at bedtime for diabetes.</p> <p>R65's Physician Orders for July 2024 shows an order Insulin Glargine Subcutaneous Solution Pen-Injector 100 unit/ml Inject 5 units subcutaneously one time a day for diabetes.</p> <p>R225's Physician Orders for July 2024 shows an order Insulin Glargine Solution 100 unit/ml Inject 18 unit subcutaneously every morning and at bedtime for diabetes.</p> <p>The facility's Critical Care Pharmacy Storage and Return of Drugs Policy dated 4/21 shows multi-dose vials and pens shall be stored and dated per the manufacturers guidance.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40085</p> <p>Based on observation, interview, and record review the facility failed to ensure food was handled in a manner to prevent cross contamination for 4 of 17 residents (R61, R62, R67, R71) reviewed for dietary services in the sample of 17.</p> <p>The findings include:</p> <p>On 7/22/24 at 11:40 AM during plating of the noon meal, V7 (Dietary Aide) was handling diet cards, touching surfaces including the refrigerator handle, outside packages of hamburger buns and other scoops. V7 still wearing the same gloves was then asked by the surveyor what size scoop she was using to serve and plate the [NAME] slaw. V7 replied I am not sure and used her gloved fingers to wipe [NAME] slaw out of inside the scoop in an attempt to read the scoop size marking, V7 then put the scoop back into the [NAME] slaw and continued to plate and serve it to residents.</p> <p>A facility provided resident Diet Report shows R61, R62, R67 and R71 receive regular diets and were served the [NAME] slaw.</p> <p>On 7/23/24 at 11:53 AM, V4 (Dietary Manager) said V7 should not have used her hands to scoop out the [NAME] slaw and touching other objects and not changing her gloves before touching food would cause cross contamination.</p> <p>The facility provided Hand washing and Glove Usage policy shows employees should follow hand washing and sanitation guidelines, and gloves should be changed before touching food if they become contaminated by touching surfaces such as door handles or equipment.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>40085</p> <p>Based on observation, interview, and record review the facility failed to follow their Covid-19 policies and procedures for Cohorting Covid-19 positive and Covid-19 negative residents and failed to ensure the required Personal Protective Equipment (PPE) was worn when in rooms of residents on Contact/Droplet isolation for Covid-19. This applies to 6 of 17 residents (R41, R44, R18, R29, R11, R49) reviewed for infection control in the sample of 17.</p> <p>The findings include:</p> <p>1. On 7/22/24 at 8:00 AM upon entering the main door to the facility there was a sign indicating the facility currently had positive cases of Covid-19.</p> <p>On 7/22/24 at 8:30 AM, during the entrance conference with V1 (Administrator) a resident census list was given to the survey team, and he identified R11 and R49 as being Covid-19 positive and in isolation. The list provided showed R11 and R49 both had roommates (R41 and R29).</p> <p>On 7/23/24 at 10:41 AM, V3 (Assistant Director of Nursing/Infection Preventionist) stated R11 and R49 both tested positive for Covid-19 on 7/20/24, and earlier that morning 2 new residents identified as R56 and R47 had tested positive for Covid-19. V3 stated no one was moved and the 4 Covid-19 positive residents are on droplet isolation with roommates who are all Covid-19 negative. V3 stated she has been working with someone from the local health department (identified as V5) in the infectious disease program and that they advised her to shelter residents in place. V3 stated they follow the state agency guidance and their facility policy for managing Covid-19 outbreaks. V3 also stated the required PPE to be worn when staff are in the Covid-19 isolation rooms is a gown, gloves, N95 mask and a face shield or goggles. During this interview V3 also provided this surveyor with copies of the guidelines she had received from the local health department as well as a list of the Covid-19 tracking showing R11, R49, R56 and R47 tested Covid-19 positive.</p> <p>Covid-19 testing logs provided by V3 on 7/23/24 which are dated 7/21/24 and 7/23/24 show R41, R29, R44 and R18 all tested negative for Covid-19 but are still in rooms with the 4 current Covid-19 positive residents.</p> <p>On 7/23/24 at 12:51 PM, V5 and V6 (local health department Infectious Disease personnel) returned a call and both parties on conference call stated that they were aware of the current outbreak at the facility. V5 stated she has been in contact with V3 and sent her the most recent state agency Covid-19 guidelines which show Cohorting of Covid-19 positive, and Covid-19 negative residents is not the recommendation. V5 stated she did not tell V3 to cohort Covid-19 positive and Covid-19 negative residents. V6 stated the ideal situation is to have private rooms for Covid-19 positive residents, and if that cannot be arranged due to space then Cohorting of Covid-19 positive residents can be allowed but a Covid-19 negative resident should not remain in the room with a Covid-19 positive resident. On 7/23/24 at 1:15 PM, V3 was informed by the surveyor of the conversation with V5 and V6 and the guidance given for Cohorting.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145958	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Bethany Rehab & Hcc		STREET ADDRESS, CITY, STATE, ZIP CODE 3298 Resource Parkway Dekalb, IL 60115	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Facility provided the state agency Covid-19 guidance updated 5/25/23, and their Covid-19 action plan updated 5/22/23 both show Covid-19 positive residents can be cohorted in the same rooms if the facility has limited ability to provide single rooms. Covid-19 negative and Covid-19 positive residents should not continue to be cohorted together.</p> <p>22499</p> <p>2. On 7/23/24 at 7:43 AM V12 (LPN) entered R49 and R41's room (Contact and Droplet Isolation Signs on the door) to give medications to R49. V12 applied a gown and gloves and then entered the room wearing only her surgical mask. Upon exiting the room V12 stated, We are just wearing surgicals in the room.</p> <p>At 8:15 AM, V12 entered R11 and R29's room (Contact and Droplet Isolation Signs on the door) to give medications to R29. V12 placed an N95 mask over her surgical mask and then applies a face shield.</p> <p>The facility policy for Infection Control dated 5/22/23 states, HCP (Healthcare Personnel) who enter the room of a resident with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use an approved particulate respirator with N95 filters or higher, gown gloves and eye protection .</p>		