

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

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  146173	(X2) MULTIPLE CONSTRUCTION  A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/31/2024
NAME OF PROVIDER OR SUPPLIER  Springs at Monarch Landing, The		STREET ADDRESS, CITY, STATE, ZIP CODE  2308 North Route 59 Naperville, IL 60563	
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 0690  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>35267</p> <p>Based on observation, interview and record review, the facility failed to ensure a residents urinary catheter tubing was kept off the floor for one resident (R26) reviewed for infection control with urinary catheter in the sample of 18.</p> <p>Findings include:</p> <p>On July 30, 2024, at 10:15 AM, R26 was in her bedroom, sitting in her wheelchair. R26's urinary catheter tube and bag were underneath her wheelchair. While R26 was talking to the surveyor, R26 kept moving her wheelchair back and forth while her indwelling urinary catheter tube was dragging on the floor.</p> <p>On July 30, 2024, at 1:26 PM, V2 (Director of Nursing/DON) stated the catheter tube shouldn't touch the floor to prevent potential infection.</p> <p>The facility's Urinary Catheter Care Policy and Procedure showed: Infection Control: 2. Maintain a clean technique when handling or manipulating the catheter tubing, or drainage bag. b. Be sure the catheter tubing and drainage bag are kept off the floor. 8. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare associated infections.</p>		

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0761  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	<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>29562</p> <p>Based on observation, interview and record review, the facility failed to label medications with the date when opened and failed to remove discontinued eye medication from the medication cart.</p> <p>This applies to 4 of 4 residents (R5, R10, R21, R63) reviewed for medication storage in the sample of 18.</p> <p>The findings include:</p> <p>On July 29, 2024, between 2:32 PM to 4:30 PM, the medication cart inspections were conducted with V3 (Registered Nurse/RN) and V4 (License Practical Nurse/LPN). The following was observed:</p> <ol style="list-style-type: none"><li>1. R63's Insulin Lispro Kwik Pen was opened and not dated. The Pharmacy's undated Insulin Storage Recommendation Beyond Use Date procedure showed to discard the insulin pen 28 days after opened.</li><li>2. R10's Humulin Lantus Solostar Injectable 100 ml (milliliters). was opened and not dated. The Pharmacy's undated Insulin Storage Recommendation Beyond Use Date procedure, showed to discard the insulin pen 28 days after opened.</li><li>3. R5's Netarsudil and Latanoprost 0.2%/0.005% eye drops were opened and not dated, with instructions to keep refrigerated. The Pharmacy's undated Recommendation for Eye Drop Storage procedure, showed that the eye drops can be stored up to 6 weeks after opened.</li><li>4. R21 Moxifloxacin 0.5% eye drops were opened and not dated. R21's Medication Administration Record (MAR) showed that this medication had been discontinued on July 9, 2024.</li></ol> <p>On July 30, 2024 at 1:14 PM, V2 (Director of Nursing/DON) stated that staff must date the insulin, and the eye drops, when opened, to identify the expiration date of the medications.</p> <p>The facility's undated Medication Labeling and Storage Policy and Procedure showed Medication Storage:</p> <ol style="list-style-type: none"><li>3. If the facility has discontinued, outdated, or deteriorated medications or biologicals, the dispensing pharmacy is contacted for instructions regarding returning or destroying these items.</li></ol>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35267</p> <p>Based on observation, interview and record review, the facility failed to sanitize pots and pans per facility policy.</p> <p>This applies to all 81 residents receiving oral diets in the facility.</p> <p>The findings include:</p> <p>Long term Care Facility Application for Medicare and Medicaid, dated July 28, 2024, shows the facility census was 82.</p> <p>Diet Type Report dated July 28,2024, shows one resident did not receive an oral diet at the facility.</p> <p>On July 28, 2024, at 10:18 AM with V6 (Food Service Manager), the dish machine sanitizer temperature was measured using a 180 degree F (Fahrenheit) test strip. The test strip instructions showed the black indicator line on the test strip was to turn completely orange when 180 degrees F was reached during the sanitizing cycle of the dish machine. After running through a full cycle of the dish machine, the test strip indicator line remained gray. During the sanitizing cycle, the dish machine water temperature (as indicated by the dish machine thermometer) did not elevate above 174 degrees F. Instructions posted on the dish machine showed the minimum water temperature for the final rinse sanitizing water was 180 degrees F. V6 stated the local health department recommended the 180 degree F strips were utilized to check the sanitizing temperature of the dish machine.</p> <p>July Dish Washer Temperature Log, dated July 2024, shows none of the Dishwasher Temperature strips turned completely orange to indicate the dish machine reached the desired temperature of 180 degrees F.</p> <p>On July 29, 2024, at 11:15 AM, the facility's July dish machine sanitizing water temperature test strip results showed none of the test strips turned completely orange indicating the sanitizing water temperature reached 180 degrees F. V6 stated on July 28, 2024, facility maintenance identified that the switch on the booster heater was turned off. V6 stated the booster heater switch was turned on which provided sanitizing water at 180 degrees F to the final rinse of the dish machine.</p> <p>Facility Dishwashing Machine Use Policy/Procedure, reviewed July 30, 2024, shows, 2. Dishwashing machines may use hot water to sanitize must maintain the following: .b. 180 degrees F for a final rinse cycle (160 degrees F at the rack level/dish level surface reflects a 180 degree F temperature at the manifold, which is the area just before the final rinse nozzle where the temperature of the dish machine is measured 4. A supervisor or designee will check the machine for proper temperature and report inadequate temperatures for immediate correction. a. A secondary thermometer or temperature gauge will be run through machine to compare temperature to gauge on machine daily. b. If hot water temperatures do not meet requirements, cease use of dishwashing machine immediately until temperatures are adjusted.</p> <p>(continued on next page)</p>		

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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Many	Dish machine test strips instructions showed, 1. Attach the test strip to a utensil or rack by wrapping around and slipping the color bar through the slit . Wash the item. 2. If the color bar has turned bright orange, the dishwasher is maintaining the proper temperature. 3. When finished with the test, sign, date and place the strip in dishwasher temperature log.		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>29562</p> <p>Based on observation, interview, and record review, the facility failed to follow standard infection control practices with regards to hand hygiene and gloving during provisions of care.</p> <p>This applies to 1 of 4 residents (R28) reviewed for infection control in the sample of 18.</p> <p>Findings include:</p> <p>1. On July 29, 2024, at 4:55 PM, V5 (Certified Nursing Assistant/CNA) provided incontinence care to R28, who was wet with urine. V5 wiped/cleaned R28's perineum from front to back, placed a new incontinence brief, pulled his pants back in place, repositioned R28, placed the motorized wheelchair at bedside and assisted R28 to transfer from bed to wheelchair, while wearing the same soiled gloves all throughout the different tasks.</p> <p>On July 30, 2024, at 1:26 PM, V2 (Director of Director/DON) stated during provisions of incontinence care, staff must perform hand hygiene and change gloves before and after, and in between tasks to prevent cross contamination and spread of infection.</p> <p>The facility's undated Handwashing/Hand Hygiene policy and Procedure, showed: Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation: 6. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap and water for the following situations: f. Before moving from a contaminated body site to a clean body site during resident care.</p> <p>g. After contact with a resident's intact skin. h. After contact with blood and body fluids. 1. After handling used dressings, contaminated equipment, etc. 8. Hand hygiene is the final step after removing and disposing of personal protective equipment.</p>		