

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015564	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GENEVA ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 545 BELMONT LANE CAROL STREAM, IL 60188		
(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) COMPLETE DATE
S 000	Initial Comments Annual Licensure Survey	S 000		
S9999	Final Observations Statement of Licensure Violations 1 of 3 330.790c)1) Section 330.790 Infection Control c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340): 1) Guideline for Hand Hygiene in Health-Care Settings. This requirement was not met as evidenced by: Based on observation and interview, the facility failed to follow standard infection control practices related to hand hygiene and gloving during provisions of incontinence care. This applies to 3 of 3 residents (R4, R5, R6) reviewed for incontinence care in the sample of 9. The findings include: 1. On December 23, 2024, at 1:43 AM, V6 and V9 (both Personal Assistant Liaisons/PAL) rendered incontinence care to R5 who had a large bowel movement. While V6 was cleaning	S9999		

Illinois Department of Public Health

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

TITLE

(X6) DATE

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015564	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GENEVA ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 545 BELMONT LANE CAROL STREAM, IL 60188		
(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) COMPLETE DATE
S9999	<p>Continued From page 1</p> <p>R5's perineum, V6's gloves made contact with R5's soiled skin and fecal matter. After V6 cleaned the perineum and while wearing the same soiled gloves, V6 dipped her gloved hand into the jar of petroleum jelly and applied it on R5's peri-area, she opened the closet to get a new incontinence brief, repositioned R5, and returned all the items used for the incontinence care back in the closet. V6 and V9 left R5's bedroom without performing hand hygiene after they completed the incontinence care.</p> <p>2. On 12/23/24 at 2:02 PM, V6 (PAL) assisted R6 to the bathroom for incontinence care. R6 had a bowel movement. V6 wiped R6 from front to back as well as the catheter tube, then she applied barrier cream to R6's skin, opened closet to get other care items, applied new incontinence brief, and pulled the pants back in place, while wearing same soiled gloves. After completing the incontinence care, V6 removed her gloves, picked the garbage, and left the bedroom without performing hand hygiene.</p> <p>3. On December 23, 2024, at 2:48 PM, V7 and V8 (both PALs) rendered incontinence care to R4 who was wet with urine and had a large bowel movement. V7 wore double layers of gloves during provision of care. V7 changed the 2nd layers of gloves multiple times in between tasks but retained the 1st layer of her gloves. After V7 completed cleaning R4, she applied barrier cream wearing the first layer of gloves. V7 did not perform hand hygiene in between tasks.</p> <p>On December 23, 2024, at 5:15 PM, V2 (Director of Nursing/DON) stated that it is the facility's practice that staff would do hand hygiene before and after provision of care, change gloves and perform hand hygiene if they are going from dirty</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015564	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GENEVA ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 545 BELMONT LANE CAROL STREAM, IL 60188		
(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) COMPLETE DATE
S9999	<p>Continued From page 2</p> <p>to clean tasks, to reduce potential spread of infection.</p> <p>The facility's infection control policy dated October 1, 2023, shows infection control includes all those activities to prevent or limit spread of disease. Infection control measures are safety measures. The basic infection control procedures include hand hygiene. In addition, it shows that all staff and visitors are expected to practice good hand hygiene including frequent hand washing with soap and water and the use of alcohol-based sanitizer.</p> <p>(B)</p> <p>2 of 3</p> <p>330.790c)5)6)7)</p> <p>Section 330.790 Infection Control</p> <p>c) Depending on the services provided by the facility, each facility shall adhere to the following guidelines of the Center for Infectious Diseases, Centers for Disease Control and Prevention, United States Public Health Service, Department of Health and Human Services, as applicable (see Section 330.340):</p> <p>5) The Core Elements of Antibiotic Stewardship for Nursing Homes</p> <p>6) The Core Elements of Antibiotic Stewardship for Nursing Homes, Appendix A: Policy and Practice Actions to Improve Antibiotic Use</p> <p>7) Nursing Home Antimicrobial Stewardship Guide</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015564	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GENEVA ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 545 BELMONT LANE CAROL STREAM, IL 60188		
(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) COMPLETE DATE
S9999	<p>Continued From page 3</p> <p>These requirements were not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to develop and implement an antibiotic stewardship program and policy. This applies to all 140 residents that reside in the facility.</p> <p>The findings include:</p> <p>Facility provided information that the census on December 23, 2024 was 140 residents.</p> <p>On December 23, 2024 at 4:50 PM, V1 (Administrator) stated the facility does not have an antibiotic stewardship program nor an antibiotic stewardship policy.</p> <p>On December 23, 2024 at 5:34 PM, V2 (Director of Nursing/Infection Preventionist) stated the facility does not have an antibiotic stewardship program or policy.</p> <p>(C)</p> <p>3 of 3</p> <p>330.2000</p> <p>Section 330.2000 Food Handling Sanitation</p> <p>Every facility shall comply with the Department's rules entitled "Food Service Sanitation" (77 Ill. Adm. Code 700).</p> <p>(Source: Amended at 13 Ill. Reg. 6562, effective April 17, 1989)</p> <p>This requirement was not met as evidenced by:</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015564	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GENEVA ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 545 BELMONT LANE CAROL STREAM, IL 60188		
(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) COMPLETE DATE
S9999	<p>Continued From page 4</p> <p>Based on observation, interview, and record review, the facility failed to meet sanitary conditions in the kitchen during food prep and service. This applies to all 140 residents that receive food prepared in the facility kitchen.</p> <p>The findings include:</p> <p>Facility provided information that the census on December 23, 2024 was 140 residents with all residents on oral diet consistencies prepared in the facility kitchen.</p> <p>On December 23, 2024 at 10:00 AM, during initial tour of the facility kitchen in presence of V5 (Chef Manager) the following observations were made:</p> <p>Multiple plastic containers with unidentified substance were stored on bottom shelf of a free-standing cart in the kitchen. V5 stated that these containers contained pecan pieces, graham crackers, almond slivers, chocolate chips, and croutons that are used for prep during meal service. Another small (deep) pan contained items covered by clear cling wrap with no label and the contents were identified as walnuts by V5.</p> <p>In the dry storage area, there was a 6.94 pound can of 3-bean salad which was dented at the seam. When it was identified, V5 asked whether he should remove it. There were also 2 sealed packages of 12 Spinach burritos tortillas (12-inch/tortilla) that showed "best by August 2, 2024." Another sealed package of 12-inch Tomato Basil tortilla with manufacturer date 11/7/24 showed no expiration date and V5 stated that he does not know the expiration date of the same. V5 added that he uses the spinach and</p>	S9999		

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015564	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GENEVA ROAD			STREET ADDRESS, CITY, STATE, ZIP CODE 545 BELMONT LANE CAROL STREAM, IL 60188		
(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) COMPLETE DATE
S9999	<p>Continued From page 5</p> <p>tomato basil tortillas to make wraps for the residents.</p> <p>The 3-compartment sink was stacked with dishes in the wash area and rinse compartments. The 3rd compartment was filled with sanitizer but also had pieces of green beans and some food debris at the bottom. Stagnant water was seen on the floor under the 3-compartment sink that was puddling and trickling into the kitchen prep area.</p> <p>The door surfaces of the two reach-in coolers had excessive smears of unidentified substances. The door and handle to hot storage was also smeared with unidentified substances. Dietary workers were seen handling the doors to get items from the coolers and put items in the hot holder and then continue with meal prep and service. Multiple dirty rags were seen strewn all over the counter tops of food prep areas. The floors in the kitchen and under the counters and on shelving had marked food debris and dust.</p> <p>On December 23, 2024 at 5:29 PM, V10 (Consultant Dietitian) stated that she visits the facility quarterly. V10 stated that the facility should follow their policy on labeling and dating. V10 stated that the sanitization solution in 3 compartment sink should be clear and changed frequently. V10 stated that the dirty rags should be placed in a bucket with sanitizing solution. V10 stated that the food prep and storage surfaces should be wiped down regularly by following a cleaning schedule. V10 added that the dented cans should be placed in a separate area.</p> <p>Facility policy titled "Food Storage" (400-01) included as follows:</p> <p>1 Storage Facilities: B. Refrigerated Storage</p>	S9999			

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IL6015564	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER BELMONT VILLAGE GENEVA ROAD		STREET ADDRESS, CITY, STATE, ZIP CODE 545 BELMONT LANE CAROL STREAM, IL 60188		
(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) COMPLETE DATE
S9999	<p>Continued From page 6</p> <p>5. Walls shelves and floors are to be cleaned regularly. See cleaning schedule. 111 Receiving procedures: B. Handling during Storage 1. Return to the supplier at once any merchandise that is delivered in poor condition or not according to specifications.</p> <p>Facility policy and procedure titled "Labeling and Dating Food" (100-24) included as follows: Policy: Food shall be obtained from sources that comply with all laws relating to food and food labeling.... Procedure: 1. Any kitchen employee who opens and stores food will label such food as indicated. 2. All foods will be labeled with a non-washable black marking pen. 4. Food shall be labeled with name of food and date... 5. Food will be marked on the container, foil or covering of the food.</p> <p>Facility policy titled "Use of 3-Compartment pot sink" (600-13) included as follows: Procedure: 4. Sanitize the item in the third sink compartment by immersing it in an approved chemical sanitizing solution. 6. Empty, clean and refill each sink compartment as necessary and check the water temperature regularly.</p> <p>(C)</p>	S9999		