STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016216	A. BUILDING: _____ B. WING _____	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA BURR RIDGE	6801 HIGHGROVE BOULEVARD BURR RIDGE, IL 60521

(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 4 330.715 a) 330.715b) Section 330.715 Request for Resident Criminal History Record Information a) A facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) b) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. The REQUIREMENT was not met as evidenced by: Based on interview and record review, the facility failed to ensure resident criminal background	S9999		

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checks and sex offender registry checks were completed within 24 hours of admission for newly admitted residents.

This applies to 5 of 5 residents (R402, R404, R405, R406, and R407) reviewed for criminal background checks in the sample of 7.

1. The EMR (Electronic Medical Record) showed R402 was admitted to the facility on December 30, 2024.

The facility does not have documentation to show R402's criminal history background check was requested within 24 hours of admission to the facility.

R402's Criminal History showed it was checked by the facility on January 27, 2025.

The facility does not have documentation to show R402 was checked on the Illinois Sex Offender Registration website, or the Illinois Department of Corrections sex registrant search page.

2. The EMR showed R404 was admitted to the facility on January 10, 2025.

The facility does not have documentation to show R404's criminal history background check was requested within 24 hours of admission to the facility.

R404's Criminal History showed it was checked by the facility on January 27, 2025.

The facility does not have documentation to show R404 was checked on the Illinois Sex Offender Registration website, or the Illinois Department of Corrections sex registrant search page.

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S9999	Continued From page 2 3. The EMR showed R405 was admitted to the facility on January 17, 2025. The facility does not have documentation to show R405's criminal history background check was requested within 24 hours of admission to the facility. R405's Criminal History showed it was checked by the facility on January 27, 2025. The facility does not have documentation to show R405 was checked on the Illinois Sex Offender Registration website, or the Illinois Department of Corrections sex registrant search page. 4. The EMR showed R406 was admitted to the facility on December 30, 2024. The facility does not have documentation to show R406's criminal history background check was requested within 24 hours of admission to the facility. R406's Criminal History showed it was checked by the facility on January 7, 2025. The facility does not have documentation to show R406 was checked on the Illinois Sex Offender Registration website, or the Illinois Department of Corrections sex registrant search page. 5. The EMR showed R407 was admitted to the facility on December 31, 2024. The facility does not have documentation to show R407's criminal history background check was requested within 24 hours of admission to the facility.	S9999		

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R407's Criminal History showed it was checked by the facility on January 27, 2025.

The facility does not have documentation to show R407 was checked on the Illinois Sex Offender Registration website, or the Illinois Department of Corrections sex registrant search page.

On January 28, 2025, at 9:48 AM, V5 (Admissions/Business Officer Manager) said that when she is notified that they are getting a new admission, she runs the Illinois sex offender, and DOC (Department of Corrections) background check. Once it is confirmed we are getting an admission, then she runs the paid CHIRP (Criminal History Information Response Process). V5 said she has not always done the CHIRP because once the resident is here, she has forgotten to go back and do it. V5 said it's no excuse, but she gets busy sometimes and forgets to print report or place in resident record.

Facility provided their policy titled, "Admission Criteria Policy" with a revision date of February 25, 2024. The policy showed, "5. Prior to admission a background check will be complete ...."

(C)

2 or 4
330.760 a)
330.760d)
330.910 a)

Section 330.760 Personnel Policies

a) A facility shall not employ an individual as a nursing assistant, habilitation aide, home health aide, psychiatric services rehabilitation aide, or

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child care aide, or newly hired as an individual who may have access to a resident, a resident's living quarters, or a resident's personal, financial, or medical records, unless the facility has inquired of the Department's Health Care Worker Registry and the individual is listed on the Health Care Worker Registry as eligible to work for a health care employer. (Section 3-206.01 of the Act)

d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring.

Section 330.910 Personnel

a) A facility shall not employ an individual as a nursing assistant, habilitation aide, home health aide, psychiatric services rehabilitation aide, or child care aide, or newly hired as an individual who may have access to a resident, a resident's living quarters, or a resident's personal, financial, or medical records, unless the facility has inquired of the Department's Health Care Worker Registry and the individual is listed on the Health Care Worker Registry as eligible to work for a health care employer. (Section 3-206.01 of the Act)

These requirements were not met as evidenced by:

Based on interviews and record reviews, the facility failed to check potential employee records in the Healthcare Worker Background Check Registry prior to employment at the facility.

This applies to all 69 residents residing in the facility.

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S9999	Continued From page 5 The findings include: On January 30, 2025, at 10:29 AM, V1 (Administrator) stated the sheltered care facility census was 69 residents. On January 28, 2025, at 10:35 AM, review of employee personnel files with V21 (Human Resources) showed the following staff were not checked in the Healthcare Worker Background Check Registry (HCWBCR) prior to employment at the facility: V14 (CNA- Certified Nursing Assistant) - V14's hire date was January 3, 2025, and the HCWBCR was checked on January 6, 2025. V15 (CNA) - V15's hire date was December 10, 2024, and the HCWBCR was checked on December 13, 2024. V16 (CNA) - V16's hire date was November 27, 2024, and the HCWBCR was checked on November 28, 2024. V17 (Caregiver) - V17's hire date was August 28, 2024, and review of V17's personnel file showed no evidence the HCWBCR was checked as of January 28, 2025. On January 28, 2025, at 10:35 AM, V21 stated he typically attempted to complete all of the employee background checks prior to them working with facility residents, however V21 did not always complete the background checks prior to the employee was hired. Facility Schedules, dated January 1, 2025, to January 27, 2025, show V15, V16 and V17 all worked in the sheltered care facility. On January 29, 2025, at 4:24 PM, V21 stated V14, V15, V16 and V17 were hired to work in the sheltered care facility.	S9999		

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S9999	Continued From page 6 Facility Policy/Procedure Vulnerable Adult Abuse and Neglect Prevention, revised October 29, 2024, shows, "i. Screen potential employees for a history of abuse, neglect, exploitation, or mistreatment as defined by the applicable requirements.... This includes attempting to obtain information from previous employers and/or current employers and checking with the appropriate licensing boards and registries. ii. The nurse aid registry and the state licensing agency will be checked prior to the employment of nursing staff.... iv. A criminal background check will be conducted on all prospective employees as provided by the facility's policy on criminal background checks, using the state specified criminal background system...." Facility Policy/Procedure Employee Files, undated, shows Background check results will be included in personnel files. (C) 3 of 4 330.792a) 330.792b)2) Section 330.792 Testing for Legionella Bacteria a) A facility shall develop a policy for testing its water supply for Legionella bacteria. The policy shall include the frequency with which testing is conducted. The policy and the results of any tests and corrective actions taken shall be made available to the Department upon request. (Section 3-206.06 of the Act) b) The policy shall be based on the ASHRAE Guideline "Managing the Risk of Legionellosis Associated with Building Water Systems" and the	S9999		

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S9999	Continued From page 7 Centers for Disease Control and Prevention's "Toolkit for Controlling Legionella in Common Sources of Exposure". The policy shall include, at a minimum: 2) A water management program that identifies specific testing protocols and acceptable ranges for control measures; and This REQUIREMENT was not met as evidenced by: Based on observation, interview, and record review, the facility failed to follow their Water Management Plan for Legionella. The facility also failed to perform hand hygiene during provisions of care, failed to follow the EBP (Enhanced Barrier Precautions) policy, and clean medical equipment between resident use. This applies to all 69 residents residing in the facility. The findings include: On January 27, 2025, at 10:29 AM, V1 (Administrator) said the census on Monday January 27, 2025, was 69 residents. The facility's Water Management Pan dated November 7, 2024, showed "Purpose: The purpose of this Water Management Plan (WMP) is to establish the minimum legionellosis risk management requirements by illustrating the procedures for minimizing the risk of Legionnaires' disease within the building water systems of one facility ... Control Measures: Cold Water Systems, Risk Factor: Eyewash Station, Control Measure: Plumbed units are to be activated weekly to flush the line and verify	S9999		

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operations; at least a three minute flush is recommended ... Frequency: Weekly, Monitoring: Execute the control measure based on the stated frequency and the type of eyewash station present as indicated in the control measure ... Control Measures: Hot Water Systems, Risk Factor: Water Heater, Control Measure: Check flow and return temperatures at hot water heater. Location: Boiler Room. Frequency: Monthly or as required or recommended by AHJ (Authority Having Jurisdiction) or your water treatment professional. Monitoring: Supply temperature should be checked at the outlet of the Hot Water Heater and should not be lower than 140 degrees Fahrenheit. The return temperature should also be checked monthly and should not be lower than 122 degrees Fahrenheit. Control Limits (Lower): 122 degrees Fahrenheit, Control Limits (Upper): 140 degrees Fahrenheit, Corrective Actions: If unable to maintain desired temperatures; the Program Team shall consider alternate methods to conform with compliance to reduce risk of legionella. NOTE: State and local regulations limit the temperature set-points of water heaters due to scald protection. This places most facilities out of control limits set by the scientific community. Accordingly, the only way to confirm legionella is under control is to test specifically for legionella. [Water Safety Company] suggests performing at a minimum two (biannual) tests per year, with four (quarterly) being more ideal. By doing so, the Program Team responsible has documented evidence that the hazard of legionella is under control ... Control Measures: Hot and Cold Water Systems, Risk Factor: Check for Residual (Free) Disinfectant (Chlorine) Levels, Control Measure: Measure and record Residual (Free) Disinfectant (Chlorine) levels on the incoming city water supply as well as a representative most distal location within the

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facility. NOTE: A Free and Total Chlorine test kit that reads at least zero to six PPM (Parts per Million) as 'Cl' should be utilized to complete this test. Location: At any or multiple locations throughout the building. Frequency: Weekly, Monitoring: Use a chlorine test kit to measure the residual (free) disinfectant (chlorine) levels on the incoming city water supply as well as representative most distal location within the facility and record the results. Control Limits (Lower): 0.5 PPM, Control Limits (Upper): 3.0 PPM not to exceed 4.0 PPM, Corrective Actions: If disinfectant (chlorine) levels exceed 4.0 PPM (Parts per Million) on the upper level, please notify your municipal water supplier. If no chlorine levels are detected, please speak to your water supplier to see if they can increase the disinfectant levels. NOTE: [Water Safety Company] recommends a minimum of 0.5 PPM of Free Chlorine. Contact [Water Safety Company] with questions or concerns. If the free residual chlorine is less that 0.5 PPM, then it is recommended that special medical-grade 0.2-micron inline filters be installed for the ice machines ..."

On January 29, 2025, at 10:44 AM, V12 (Maintenance Director) said the facility has two eye wash stations which are plumbed in. V12 continued to say every week, V12 turns the eye wash stations on to ensure they work and then V12 turns the eye wash station off. V12 demonstrated his check of the eye wash station in the soiled linen room. V12 turned the lever and activated the eye wash station, water flowed from the eye wash spouts for one to two seconds, V12 immediately turned the faucet off to the eye wash station. V12 said that is how he does his weekly check of the eye wash stations. V12 said he checks the temperatures on the hot water tank

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and hot water return weekly. V12 said the temperatures on the hot water tank are 120 degrees Fahrenheit and the return is 110 degrees Fahrenheit. V12 said he does not perform weekly chlorine testing of the water. V12 continued to say he does not have any chlorine testing kits. V12 said he has the test kit to collect samples for legionella testing but has not sent them to the laboratory. V12 continued to say the last test result for the facility's legionella testing is from August 2023. V12 said he does not have any test results for legionella since May 2023.

The facility's "Weekly Boiler and Tanks Water Temp Log" showed the facility's Domestic Boiler and Return temperatures from September 2, 2024, to January 27, 2025, were 120 degrees Fahrenheit at the boiler and 110 degrees Fahrenheit at the hot water return. These readings are outside of the control limits per the facility's Water Management Plan. The facility does not have documentation to show biannual testing for legionella was completed in 2023 or 2024.

The facility does not have documentation to show chlorine testing of the facility's water was being performed weekly.

On January 29, 2025, at 11:37 AM, V1 (Administrator) and V3 (Regional Director of Clinical Operations) said V12 should be following the facility's Water Management Plan for legionella including performing control measures and legionella testing. V3 said V12 should be flushing the eye wash stations for at least three minutes.

(C)

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S9999	Continued From page 11 4 of 4 330.1950 c)1)A)B)C) 330.1950 d)1)2)3)4)5)6)7)8)9)10)11) Section 330.1950 Meal Planning Each resident shall be served food to meet the resident's needs and to meet physician's orders. The facility shall use this Section to plan menus and purchase food in accordance with the following Recommended Dietary Allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences. c) Vegetable and Fruit Group: Five or more servings of fruits or vegetables. 1) A serving consists of: A) ½ cup chopped, raw, cooked, canned or frozen fruit or vegetables; B) ¾ cup fruit or vegetable juice; or C) One cup raw leafy vegetable. d) Bread, Cereal, Rice and Pasta Group: Six or more servings of whole grain, enriched or restored products. One serving equals: 1) One slice of bread, 2) ½ cup of cooked cereal, rice, pasta, noodles, or grain product, 3) ¾ cup of dry, ready-to-eat cereal, 4) ½ hamburger or hotdog bun, bagel or English muffin, 5) One 4-inch diameter pancake, 6) One tortilla, 7) Three to four plain crackers (small), 8) ½ croissant (large), doughnut or danish (medium), 9) 1/16 cake, 10) Two cookies, or 11) 1/12 pie (2-crust, 8")	S9999		

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Based on interview and record review, the facility failed to provide the minimum required servings of fruits/vegetables and grains/breads on their planned menus as per facility policy.

This applies to all 69 residents residing in the facility.

The findings include:

On January 30, 2025, at 10:29 AM, V1 (Administrator) stated the sheltered care facility census was 69 residents.

Facility Diet Type Report, dated January 29, 2025, 53 residents had physician orders for Regular and/or NAS (No Added Salt) diets.

Review of facility Regular/NAS menu, dated Week 3 Sunday through Week 3 Saturday, shows the facility failed to provide at least 5 fruits/vegetables planned on the daily menus 4 of 7 days (Sunday, Tuesday, Friday, and Saturday). The menu shows the facility failed to provide at least 6 servings of grains/breads on 2 of 7 days (Monday and Saturday).

Review of facility Regular/NAS menu, dated Week 1 Sunday through Week 1 Saturday, shows the facility failed to provide at least 5 fruits/vegetables planned on the daily menus 4 of 7 days (Tuesday, Wednesday, Friday and Saturday). The menu shows the facility failed to provide at least 6 servings of grains/breads on 5 of 7 days reviewed (Sunday, Wednesday, Thursday, Friday and Saturday).

Review of facility Regular/NAS menus, dated Week 2 Sunday through Week 2 Saturday, shows the facility failed to provide at least 5

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fruits/vegetables planned on the daily menus 3 of 7 days (Tuesday, Thursday and Saturday). The menu shows the facility failed to provide at least 6 servings of grains/breads on 3 of 7 days reviewed (Sunday, Tuesday, Friday).

Review of facility Regular/NAS menus, dated Week 4 Sunday through Week 4 Saturday, shows the facility failed to provide at least 5 fruits/vegetables planned on the daily menus 1 day (Saturday). The menu shows the facility failed to provide at least 6 servings of grains/breads on 5 of 7 days reviewed (Monday, Tuesday, Thursday, Friday, and Saturday).

On January 29, 2025, at 1:57 PM, V9 (Food Service Manager) stated the menus were reviewed by the corporate dietitian. V9 reviewed the menus and was unable to identify any of the missing servings of fruits/vegetables or grains/breads on the menus.

Facility Menu Planning Guide, dated November 2023, shows the Regular/No Added Salt menus "are designed to include foods in amounts that will meet or exceed the Dietary Reference Intakes (DRIs) for older adults. The following components are included daily: ... Vegetables and Fruit: 5 or more servings, Grains: 6 or more servings."

(C)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6016216	A. BUILDING: _____ B. WING _____	01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA BURR RIDGE	6801 HIGHGROVE BOULEVARD BURR RIDGE, IL 60521

(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 2 300.615 e) 300.615 f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act) f) The facility shall check for the individual's name on the Illinois Sex Offender Registration website at www.isp.state.il.us and the Illinois Department of Corrections sex registrant search page at www.idoc.state.il.us to determine if the individual is listed as a registered sex offender. The REQUIREMENT was not met as evidenced by:	S9999		

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S9999	Continued From page 1	S9999		

Based on interview and record review, the facility failed to ensure resident criminal background checks and sex offender registry checks were completed within 24 hours of admission for newly admitted residents.

This applies to 5 of 5 residents (R126, R127, R128, R130, and R176) reviewed for criminal background checks in the sample of 12.

1. The EMR (Electronic Medical Record) showed R126 was admitted to the facility on January 23, 2025.

The facility does not have documentation to show R126's criminal history background check was requested within 24 hours of admission to the facility.

R126's Criminal History Record showed it was checked by the facility on January 27, 2025.

The facility does not have documentation to show R126 was checked on the Illinois Sex Offender Registration website or the Illinois Department of Corrections sex registrant search page, until January 27, 2025.

2. The EMR showed R127 was admitted to the facility on January 21, 2025.

The facility does not have documentation to show R127's criminal history background check was requested within 24 hours of admission to the facility.

R127's Criminal History Record showed it was checked by the facility on January 27, 2025.

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S9999	Continued From page 2	S9999		

The facility does not have documentation to show R127 was checked on the Illinois Sex Offender Registration website, or the Illinois Department of Corrections sex registrant search page, until January 27, 2025.

3. The EMR showed R128 was admitted to the facility on January 17, 2025.

The facility does not have documentation to show R128's criminal history background check was requested within 24 hours of admission to the facility.

The facility does not have documentation to show R128 was checked on the Illinois Sex Offender Registration website or the Illinois Department of Corrections sex registrant search page, until January 27, 2025.

4. The EMR showed R130 was admitted to the facility on January 14, 2025.

The facility does not have documentation to show R130's criminal history background check was requested within 24 hours of admission to the facility.

The facility does not have documentation to show R130 was checked on the Illinois Sex Offender Registration website or the Illinois Department of Corrections sex registrant search page within 24 hours of admission to the facility.

5. The EMR showed R176 was admitted to the facility on January 14, 2025.

R176's Criminal History Record showed it was checked by the facility on January 27, 2025.

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S9999	Continued From page 3 The facility does not have documentation to show R176 was checked on the Illinois Sex Offender Registration website, the Illinois Department of Corrections sex registrant search page. On January 28, 2025, at 9:48 AM, V5 (Admissions/Business Officer Manager) said that when she is notified that they are getting a new admission, she runs the Illinois sex offender National, and DOC (Department of Corrections) background check. Once it is confirmed we are getting an admission, then she runs the paid CHIRP (Criminal History Information Response Process). V5 said she has not always done the CHIRP because once the resident is here, she has forgotten to go back and do it. V5 said it's no excuse, but she gets busy sometimes and forgets to print report or place in resident record. Facility provided their policy titled, "Admission Criteria Policy" with a revision date of February 25, 2024. The policy showed, "5. Prior to admission a background check will be complete ...." (C) 2 of 2 300.650d) Section 300.650 Personnel Policies d) The facility shall check the status of all applicants with the Health Care Worker Registry prior to hiring. These requirements were not met as evidenced by: Based on interviews and record reviews, the facility failed to check potential employee records	S9999		

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S9999	Continued From page 4	S9999		

in the Healthcare Worker Background Check Registry prior to employment at the facility.

This applies to all 22 residents residing in the facility.

The findings include:

Facility Long-Term Care Facility Application for Medicare and Medicaid, dated January 27, 2025, shows the facility census was 22 residents.

On January 28, 2025 at 10:35 AM, review of employee personnel files with V21 (Human Resources) showed the following staff were not checked in the Healthcare Worker Background Check Registry (HCWBCR) prior to employment at the facility:
V14 (CNA- Certified Nursing Assistant) - V14's hire date was January 3, 2025, and the HCWBCR was checked on January 6, 2025.
V15 (CNA) - V15's hire date was December 10, 2024, and the HCWBCR was checked on December 13, 2024.
V16 (CNA) - V16's hire date was November 27, 2024, and the HCWBCR was checked on November 28, 2024.

On January 28, 2025, at 10:35 AM, V21 stated he typically attempted to complete all of the employee background checks prior to them working with facility residents, however V21 did not always complete the background checks prior to the employee was hired.

Facility Schedules, dated January 1-27, 2025, show both V15 and V16 both worked in the skilled facility.

On January 29, 2025, at 4:24 PM, V21 stated V15

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S9999	Continued From page 5 and V16 worked in the skilled nursing facility. V21 stated V14, V15 and V16 were hired to work in the skilled nursing facility. Facility Policy/Procedure Vulnerable Adult Abuse and Neglect Prevention, revised October 29, 2024, shows, "i. Screen potential employees for a history of abuse, neglect, exploitation, or mistreatment as defined by the applicable requirements.... This includes attempting to obtain information from previous employers and/or current employers, and checking with the appropriate licensing boards and registries. ii. The nurse aid registry and the state licensing agency will be checked prior to the employment of nursing staff.... iv. A criminal background check will be conducted on all prospective employees as provided by the facility's policy on criminal background checks, using the state specified criminal background system...." Facility Policy/Procedure Employee Files, undated, shows Background check results will be included in personnel files. (C)	S9999		