STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	IL6008403	A. BUILDING: _____ B. WING _____	C 12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SCOTTISH HOME, THE	2800 DES PLAINES AVENUE RIVERSIDE, IL 60546

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Z 000	COMMENTS Complaint Investigation: 25910899/IL198448	Z 000		
Z9999	FINDINGS Statement of Licensure Violations 1 of 2: 330.710a) 330.1110f) Section 330.710 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part. Section 330.1110 Medical Care Policies f) The facility shall notify the physician of any accident, injury, or unusual change in a resident's condition. This REQUIREMENT was not met as evidence by: Based on interview and record review the facility failed to notify the physician of one resident (R1) change in condition. This failure affected R1, who was assessed by the nurse as having change in color (jaundice) and the physician was not made aware putting R1 in serious health condition. This failure has the potential to affect all 49 residents residing at the home.	Z9999		

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Z9999	Continued From page 1	Z9999		

Findings include:

R1's medical record Admission Record listed date of admission as 04/10/2025 with diagnosis that includes but not limited to Displaced supracondylar fracture without Intracondylar extension of lower end of left femur subsequent encounter for closed fracture with routine healing, Anemia unspecified, Type 2 diabetes mellitus without complications, Hyperlipidemia unspecified, Essential (primary) hypertension, Venous insufficiency (chronic) peripheral and cellulitis other sites.

R1's medical record Progress Notes showed documentation that R1was transferred to the hospital on 10/21/2025.

R1 was admitted with the diagnosis Septicemia.

R1's medical record progress note dated 10/18/2025 at 7:42am, V10 Registered Nurse (RN) documented in part that R1 was less talkative but still alert x4, denies pain or discomfort. V10 documented that she "Noticed after talking with resident she was mumbling quietly to herself. Face appeared jaundiced. T 97.1. Will monitor".

R1's medical record did not show any documentation that this assessment of color change was followed up with the physician who can assist in knowing the root cause of the change in appearance.

R1's record review showed that R1 continued to have body temperature that ranged from 98.9 degrees Fahrenheit to 100.5 degrees Fahrenheit from 10/18/2025 to 10/21/2025.

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Z9999	Continued From page 2	Z9999		

Progress note on 10/20/2025 at 11:01pm, V9 documented that order for urine collection for culture and sensitivity was collected but R1 became worse and was sent to the ER (Emergency Room) for evaluation and treatment. R1 was admitted to local hospital with diagnosis of Septicemia.

R1's Certificate of Death showed date of death as November 05,2025. Cause of death listed as Ischemic stroke, bacteremia, and urinary tract infection.

On 12/30/2025 at 1:55pm, V13, Physician stated in part that on the day she was sent to the hospital, on the previous evening I was called in the evening, and I was to see her, but she became very acute in condition in the morning, so I had her sent to the hospital. V13 stated, the facility has my personal phone number so they can reach me directly. They can directly call me.

On 12/30/2025 at 3:46pm, V2, Director of Nursing (DON) attributed not following up with the physician to other nurses not noticing the same assessment as V10. V2 stated no other nurse observed this, it was just only one observation. Surveyor asked regarding professional standard of practice when there is an abnormal change in condition and her expectation of the licensed nurse. V2 repeated it was only one observation, and it might be due to light, and she did not know that V10 charted that.

On 12/30/2025 at 4:05pm, V10 stated, what I (V10) observed was R1 also look pale. V10 stated she did not call the physician but passed it on to the next nurse. Surveyor asked V10 about the responsibility of a professional / licensed

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Z9999	Continued From page 3	Z9999		

nurse regarding change in condition of a resident. V10 stated in part, I belief to monitor if compromised with nausea and vomiting. I should have notified the doctor about the facial appearance.

The facility policy titled Acute Condition Changes-clinical Protocol presented with revision date 04/11/2023 documented under Assessment and Recognition that the physician will help identify individuals with a significant risk for having acute changes of condition during their stay. Listed example include someone with unstable Vital signs. The policy indicated that phone calls to attending or on-call physician should be made by an adequately prepared nurse who has collected and organized pertinent information , including the resident /patient current symptoms and status, the nurse and physician will discuss and evaluate the situation and the physician will help the staff to monitor a resident/patient with a recent acute change of condition util the problem or condition has been resolved or stabilized.

(B)
Statement of Licensure Violations 2 of 2:
330.710a)
330.790a)
330.790c)4)

Section 330.710 Resident Care Policies
a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated with the involvement of the administrator. The written policies shall be followed in operating the facility and shall be reviewed at least annually by the Administrator. The policies shall comply with the Act and this Part.

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Z9999	Continued From page 4 Section 330.790 Infection Control a) Policies and procedures for investigating, controlling, and preventing infections in the facility shall be established and followed. The policies and procedures shall be consistent with and include the requirements of the Control of Communicable Diseases Code and Control of Sexually Transmissible Infections Code. Activities shall be monitored to ensure that these policies and procedures are followed. 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): 4) Infection Control in Healthcare Personnel These REQUIRMENTS were not met as evidence by: Based on observation, interview, and record review, the facility failed to ensure staff follow standard infection prevention and control hand hygiene practice and use of gloves for one of six residents (R4) reviewed for infection control. This failure affected R4 when staff did not perform hand hygiene after removing soiled gloves and proceeded to touch items in R4's room with soiled hands. This failure has the potential to affect all 25-residents residing on two wings on 2nd floor and ground floor. Findings include:	Z9999		

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R4's medical record Admission Record documented that R4 was admitted to the home on 12/27/2025 with diagnosis not limited to Blindness both eyes, Type 2 diabetes mellitus without complications, Type 2 diabetes mellitus with diabetic neuropathy unspecified, and gross hematuria.

On 12/29/2025 at approximately 12:10pm, V5 Certified Nurse's Aide (CNA) was observed in the hallway with a gloved hand carrying soiled towels and dumping them in a soiled linen cart. V5 removed gloves without any hand hygiene then proceeded to turn the door handle with the same hand in R4's room. V5 went into R4's room touching the over the bed side table removing the food tray from the room. At approximately 12:12pm, surveyor asked V5 about the observation made. V5 proceeded in touching the nurse's station desk with the same soiled hands. V5 stated that she has a wound on her thumb that was covered with a band aid, and it hurts when she uses alcohol sanitizer so that was why she did not do any hand hygiene. V5 stated that the towels are bibs removed from the resident after eating lunch. V5 showed the surveyor her finger and when asked about the facility protocol/policy on infection control, V5 stated that during any resident care we make sure we do hand hygiene and should not go from one resident to another resident without hand hygiene. At approximately 12:26am V5 stated that after taking off used gloves we (staff) must do (perform) hand hygiene with soap and water or use hand sanitizer.

On 12/29/2025 at approximately 12:30pm, this observation was made known to V7 IP (Infection Prevention Nurse). V7 stated, all the staff are expected to follow infection control during care,

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Z9999	Continued From page 6 in-between and after care and perform hand hygiene from resident to resident. The facility policy on Hand Hygiene/Hand Washing presented with revision date March 2022 indicated that under the purpose of the policy is this community considers hand hygiene the primary means to prevent the spread of infection. Listed guidelines includes but not limited to all personnel shall follow the hand washing/hand hygiene procedure to help prevent the spread of infections to other personnel, residents and visitor. (C)	Z9999		