STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0052589	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELMHURST EXTENDED CARE CENTER	200 EAST LAKE STREET , ELMHURST, Illinois, 60126

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S0000	Initial Comments Annual Licensure and Certification	S0000		01/25/2026
S9999	Final Observations Statement of Licensure Violations: (1 of 2) 300.610a) 300.1210a) 300.1210b) 300.1210d)5) Section 300.610 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 by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care a) Comprehensive Resident Care Plan. A facility, with the participation of the resident and the resident's guardian or representative, as applicable, must develop and implement a comprehensive care plan for each resident that includes measurable objectives and timetables to meet the resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment, which allow the resident to attain or maintain the highest practicable level of independent functioning, and provide for discharge planning to the least restrictive setting based on the resident's care needs. The assessment shall be developed with the active	S9999		01/25/2026

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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S9999	Continued from page 1 participation of the resident and the resident's guardian or representative, as applicable. (Section 3-202.2a of the Act) b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal care needs of the resident. d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis: 5) A regular program to prevent and treat pressure sores, heat rashes or other skin breakdown shall be practiced on a 24-hour, seven-day-a-week basis so that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that the pressure sores were unavoidable. A resident having pressure sores shall receive treatment and services to promote healing, prevent infection, and prevent new pressure sores from developing. These regulations were not met as evidenced by: Based on observation, interview and record review the facility failed to develop and implement a plan of care to prevent the development of a pressure ulcer for a resident who was identified as being at risk for pressure ulcers. This failure resulted in R6 developing an infected eschar covered left heal pressure ulcer. This failure applies to 1 of 2 residents (R6) reviewed for pressure ulcers in the sample of 15. Findings include:R6’s admission record showed he was admitted to the facility on July 8, 2025 with diagnoses that included vascular dementia with other behavioral disturbance, hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, and aphasia. R6’s Minimum Data Set dated October 16, 2025 showed that R6 was dependent on the facility for assistance with all functional abilities. R6’s November 14, 2025 Braden score for predicting pressure ulcer risk evaluation showed resident to be at moderate risk for developing pressure ulcers. There were no interventions noted on evaluation. On January 5, 2026, R6's name did not appear on the facility’s list of residents who had pressure ulcers. R6 did not	S9999		

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S9999	Continued from page 2 have a care plan for preventing pressure ulcers or skin alterations. On January 5, 2026 at 10:27 AM, R6 was in bed wearing socks and no heel boots. R6 legs were flat on bed and R6's heels were not elevated. On January 5, 2026, at 1:05 PM, R6 was calling out from his room for help. R6 was lying in bed with both heels resting on the bed. R6 stated his foot hurt. R6 did not have on any heel protectors, nor was his feet elevated. Surveyor found V22 (Registered Nurse) and informed her that R6 stated his foot hurt. V22 entered R6 room and asked R6 if he had pain and he said he had some foot pain. V22 asked which foot and resident pointed to the left one with his hand. Surveyor asked V22 if we could take off R6's sock and take a look at his foot. V22 asked resident and he said it was okay. V22 began to take off resident sock while pressing her thumb on his heel and the resident screamed in pain and called her a derogatory name in Spanish. When V22 took R6's sock off, there was left heel pressure ulcer found that was covered in dark and black eschar (necrotic tissue) with a small amount of redness around the edges. V22 stated she was not aware that resident had a wound on that foot. R6 progress note written by V22 dated On January 5, 2026, at 1:41 PM showed the following: R6 complained of pain to his left leg. V22 checked on the skin and found a round shaped wound to R6's left heel with black discoloration in between and R6 complained of pain when touching it. On January 5, 2026, at 2:44 PM R6's eschar covered left heal wound measured 2.5 centimeters (cm) in length and 2.0 cm in height. On January 8, 2026, at 10:41 AM, V10 (Certified Nursing Assistant/CNA) stated R6 normally eats 100% of food and asks for water. V10 stated R6 requires a full body mechanical lift to transfer. V10 stated R6 stays in bed majority of the. V10 stated she never saw R6 with heel boots on. V10 stated she has never had any direction to put heel boots on R6 or anything under him elevating his feet or heals. V10 stated she is always assigned to him when she is working, and she works 5 days a week. R6's Wound Evaluation Management summary wound exam dated January 7, 2026, showed the following: an unstageable (due to necrosis) of the left heal full thickness pressure wound. Wound size 1.1 cm width x 0.6 cm, no depth measured due to nonviable tissue and necrosis. Surface area 0.66 cm^2, exudate: light	S9999		

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S9999	Continued from page 3 purulent, 100% thick adherent black necrotic tissue (eschar). Pain described as moderate On January 7, 2026, at 11:21 AM V12 (Wound Care Doctor) stated he found a necrotic pressure ulcer to R6's left heel. V12 stated he also found some purulent drainage and prescribed and antibiotic. On January 7, 2026, at 11:55 PM V12 stated that R6 right heel wound was caused by pressure. On January 8, 2026, at 11:30 AM, V12 stated that the purulent drainage that he found on January 7, 2026, when assessing R6's wound signified an infected wound, so the antibiotic prescribed was to treat the infection. R6' has a physician antibiotic order dated January 7, 2026: Doxycycline Hyclate oral tablet 100 milligrams. Give 1 table by mouth two times a day for infection on left heel for 7 days. The facility's Pressure Ulcer Prevention & Treatment policy effective January 4, 2025 showed that the facility should implement preventive measures and keep skin clean, free from pressure and dry for residents at moderate risk for developing pressure ulcers. (B)(2 of 2) 300.615 f) Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information 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. This requirement was not met as evidenced by: Based on interview and record review facility failed to check the Illinois Department of Corrections Parolee search page for newly admitted residents. This applies to 10 out of 10 residents (R24, R27, R28, R29, R32, R58, R59, R62, R63, R64,) reviewed for resident background checks in the sample of 15. The findings include: 1.The EMR shows R24 was admitted December 16, 2025. Facility does not have documentation to show the Illinois Department of Corrections Paroled individuals	S9999		

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S9999	Continued from page 4 search page was checked for R24 within 24 hours of admission to the facility. 2.. The EMR shows R27 was admitted November 28, 2025. Facility does not have documentation to show the Illinois Department of Corrections Paroled individuals search page was checked for R27 within 24 hours of admission to the facility. 3. The EMR shows R28 was admitted December 12, 2025. Facility does not have documentation to show the Illinois Department of Corrections Paroled individuals search page was checked for R28 within 24 hours of admission to the facility. 4. The EMR shows R29 was admitted December 9, 2025. Facility does not have documentation to show the Illinois Department of Corrections Paroled individuals search page was checked for R29 within 24 hours of admission to the facility. 5. The EMR shows R32 was admitted November 21, 2025 Facility does not have documentation to show the Illinois Department of Corrections Paroled individuals search page was checked for R32 within 24 hours of admission to the facility. 6. The EMR shows R58 was admitted July 24, 2025. Facility does not have documentation to show the Illinois Department of Corrections Paroled individuals search page was checked for R58 within 24 hours of admission to the facility. 7. The EMR shows R59 was admitted December 5, 2025 Facility does not have documentation to show the Illinois Department of Corrections Paroled individuals search page was checked for R59 within 24 hours of admission to the facility. 8. The EMR shows R62 was admitted December 22, 2025. Facility does not have documentation to show the Illinois Department of Corrections Paroled individuals search page was checked for R62 within 24 hours of admission to the facility. 9. The EMR shows R63 was admitted December 31, 2025.	S9999		

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S9999	Continued from page 5 Facility does not have documentation to show the Illinois Department of Corrections Paroled individuals search page was checked for R63 within 24 hours of admission to the facility. 10. The EMR shows R64 was admitted November 14, 2025. Facility does not have documentation to show the Illinois Department of Corrections Paroled individuals search page was checked for R63 within 24 hours of admission to the facility. January 7, 2026, at 11:05 AM V5- (Admissions Director) said she is responsible for completing all background checks on new admissions. V5 said she uses four standard sights. Individual in Custody search, The National Sex Offender public website, Illinois sex offender website, and the last form is the Chirp. V5 said she is unaware of any other websites that should be used for background checks. V5 said the Chirp is completed within 24 hours of admission and the other forms are completed at the time of admission. V5 did not complete the search of the Illinois Department of Corrections paroled individuals. The facility's Ethics-Abuse Prevention effective date January 5, 2025, showed the facility shall screen all potential new resident admits, ensuring that the facility can care for each prospective resident based on their individual needs. Resident clinical needs will be evaluated in conjunction with the facility care capabilities to determine if resident admission is appropriate. (C)	S9999		