

Illinois State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0058602		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 12/31/2025	
NAME OF PROVIDER OR SUPPLIER EDEN VISTA BURR RIDGE				STREET ADDRESS, CITY, STATE, ZIP CODE 6801 HIGHGROVE BOULEVARD , BURR RIDGE, Illinois, 60527			
(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) COMPLETION DATE	
S0000	Initial Comments		S0000			01/05/2026	
	Annual Licensure Survey						
S9999	Final Observations		S9999			01/05/2026	
	Statement of Licensure Violations:						
	330.790 c)3)						
	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):						
	3) 2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings						
	This requirement was not met as evidenced by:						
	Based on observation, interview and record review, the facility failed to ensure transmission based contact precautions were implemented upon readmission for a resident with clostridium difficile infection in accordance with the facility policy.						
	This applies to 1 of 1 resident (R1002) reviewed for infection control in the sample of 3.						
	The findings include:						
	According to the EHR (Electronic Health Record) R1002 had diagnoses including dependence on renal dialysis, type 1 diabetes, lymphedema, morbid obesity, pressure ulcer of sacral region, unstageable, and paroxysmal atrial fibrillation. R1002 was admitted to the facility on September 15, 2005.						
	R1002's service plan initiated on September 17, 2025, showed R1002 required staff assistance of 2 for bathroom needs, bathing, and being transferred out of bed utilizing the full mechanical lift. R1002's service						

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S9999	Continued from page 1 plan also showed R1002 went to outpatient dialysis treatment 3 days per week. R1002's physician progress note dated December 24, 2025, showed R1002 was sent to the hospital from the dialysis center on December 20, 2025, and returned to the facility on December 23, 2025. The progress note showed R1002 returned to the facility with diagnoses of UTI (Urinary Tract Infection) and C Diff (Clostridium difficile) infection. R1002's physician orders showed R1002 was prescribed Vancomycin 125 mg 1 capsule by mouth four times a day for infection, initiated on December 23, 2025, for 12 days. On December 28, 2025, at 1:02 PM, R1002's room door had an EBP (Enhanced Barrier Precaution) sign on the door to the room. The room had a foul odor. R1002 stated she had been experiencing diarrhea and had an infection. R1002's physician order summary dated December 28, 2025, showed R1002 was to be placed on contact isolation on December 23, 2025. On December 30, 2025, at 9:59 AM, R1002's room door now had a contact precaution sign on the door, however, there were no gowns in the PPE cart (Personal Protective Equipment) outside the room. V11 (CNA) stated R1002 was still experiencing diarrhea stool as of this morning. V11 entered R1002's room with clean linen without donning any PPE or performing hand hygiene when going in or coming out of the room. On December 30, 2025, at 10:15 AM, V3 (LPN, Infection Preventionist) stated R1002 should have been on contact precautions since readmission on December 23, 2025, due to C Diff infection. V3 stated she changed the sign on the door yesterday, and there should be gowns available for staff use when a resident is in contact precautions. The facility policy titled "Isolation Precautions" dated May 8, 2024, showed the purpose of the policy was to establish transmission based precautions for residents when suspected or confirmed to have communicable diseases or infections that could be transmitted to others. The procedure showed post clear signage on the door outside of the residents room and make PPE including gowns and gloves available immediately outside of the residents room. The policy showed for Contact Precautions prior to entering the room, perform hand hygiene and apply gowns and gloves and remove gowns and gloves prior to leaving the room;			S9999			

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S9999	Continued from page 2 for suspected or confirmed cases of Clostridium difficile infection, wash hands with soap and water rather than alcohol based hand gels. (C)			S9999			