

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2025
NAME OF PROVIDER OR SUPPLIER  Resurrection Place		STREET ADDRESS, CITY, STATE, ZIP CODE  1001 North Greenwood Avenue Park Ridge, IL 60068	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to implement its abuse prevention policy by failure to report injury of unknown origin. This deficiency affects one (R3) of three residents reviewed for abuse prevention policy.</p> <p>Findings include:</p> <p>On 6/18/25 at 4:15PM, R3 was assessed by V4 (Restorative Nurse) and V2 (Director of Nursing) and surveyor present. R3 was observed with discoloration to bilateral side of breasts.</p> <p>On 6/18/25 at 4:30PM, V2 (Director of Nursing) said staff is aware to report any injuries of unknown origin to Administrator to complete an investigation and report to IDPH in a timely manner. V2 said it was not reported to IDPH.</p> <p>On 6/18/25 at 4:30PM, V4 (Restorative Nurse) said any unknown injury is reported immediately for follow up.</p> <p>On 6/21/25 at 10:44AM, V1 said she did not send the initial report to IDPH in a timely manner for an unknown injury incident. V1 said staff is aware to report immediately to V1 for follow up and investigation. V1 said she did not think it was an abuse case, however per facility policy failed to follow protocol.</p> <p>R3 was admitted on [DATE] with diagnosis in part but limited to cerebral infarction, other coronavirus, anemia, type 2 diabetes mellitus, hyperlipidemia, heart failure, essential hypertension. Progress note dated 6/13/25 indicates observation of bruising. Initial report of incident dated 6/18/25 reported to IDPH.</p> <p>Abuse Investigation and Reporting Policy Revised 11/2023.</p> <p>Policy Statement:</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  145324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/21/2025
NAME OF PROVIDER OR SUPPLIER  Resurrection Place		STREET ADDRESS, CITY, STATE, ZIP CODE  1001 North Greenwood Avenue Park Ridge, IL 60068	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment, electronic mail, social media, videotaping, photographing, and other imaging of residents, and/or injuries of unknown source (abuse) shall be promptly reported to local, state and federal agencies (as defined by current regulations) and thoroughly investigated by community management. Conclusions of investigations will also be reported, as defined by the Ascension Living Abuse Prevention policy.</p> <p>Reporting:</p> <p>A. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported to the Administrator or designee and to the following other officials or agencies:</p> <ol style="list-style-type: none"> <li>1. The State licensing/certification agency responsible for surveying/licensing the community;</li> <li>2. Other officials in accordance with State Law, including to Adult Protective Services where state law provides for jurisdiction in long term care facilities;</li> <li>3. The Resident's Representative (Sponsor) of Record;</li> <li>4. The resident's Attending Physician; and</li> <li>5. The community Medical Director.</li> </ol> <p>B. Alleged violations involving abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported:</p> <ol style="list-style-type: none"> <li>1. Abuse or Serious Bodily Harm - Immediately but not later than 2 hours. * If the alleged violation involves abuse or results in serious bodily injury.</li> <li>2. No Serious Bodily Injury - As soon as practical, but not later than 24 hours*. If the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; does not result in serious bodily injury.</li> </ol>		