STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145324	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Park Ridge	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)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure residents were provided with and received adequate fluid intake. This failure applied to four (R1, R4, R6, and R10) of four residents reviewed for hydration. Findings Include: The facility census dated 6/1/2026 shows there are currently 84 residents residing on the second floor who receive fluids by mouth. R10 is a [AGE] year-old female admitted to the facility on [DATE] with a medical diagnosis that includes but is not limited to rheumatoid arthritis, Alzheimer's, Crohn's, hypothyroidism, hypertension, dementia, dysphagia, atrial fibrillation, and depression. On the (MDS) Minimal Data Set assessment of 3/3/2026, section C1000(Cognitive Skills for Daily Decision Making) indicates severe cognitive impairment. On MDS of 3/3/2026 on section GG, Eating Ability, the resident requires partial/moderate assistance. The helper does less than half the effort. Care plan intervention dated 12/14/2025 reads: Monitor intake from meals and provide assistance for meals if indicated. On 6/2/2026 at 12:20PM, observed V10 (Certified Nursing Assistant) on the second-floor finishing to assist R10 with lunch, and the residents ate 100 percent on her plate. No fluids offered or provided. The food ticket dated 6/2/2026 had milk selection and was circled to be provided, and residents had no coffee option per ticket, but V10 said that he did not look at the ticket and just assisted her with the food. V10 said that he was supposed to check and provide milk and tea, or juice, but he did not. V10 continued to assist another resident with her meal. The surveyor asked R10 if she wanted fluids, but the resident did not answer or communicate at all during the interaction. R1 is [AGE] years old Spanish-speaking female admitted to the facility on [DATE] with a medical diagnosis that includes but is not limited to dementia, hypertension, diabetes, and a right femur fracture. On the (MDS) Minimal Data Set assessment of 3/12/2026, section C1000 (Cognitive Skills for Daily Decision Making) indicates severe cognitive impairment. On MDS of 3/12/2026 on section GG, Eating Ability, Substantial/maximal assistance - Helper does MORE THAN HALF the effort. The helper lifts or holds trunk or limbs and provides more than half the effort.On 6/1/2026 and 6/2/2026, R1 only received coffee with her meals for lunch. R1 could not communicate if she wanted only coffee during meals in English or Spanish when questioned. R1 is alert to self. R4 is [AGE] years old female admitted to the facility on [DATE] with a medical diagnosis that includes, but is not limited to, heart failure, atrial fibrillation, anemia, hyperlipidemia, diabetes, fatigue, dementia, insomnia, mood disorder, hypertensive heart disease, repeated falls, cognitive communication deficit, and Hypertension. On the (MDS) Minimal Data Set assessment of 5/7/2026, section C, the BIMS (Brief Interviewed Mental Status) score was 1/15 and indicates severe cognitive impairment. On MDS of 5/7/2026 on section GG, Eating Ability, supervision or touching assistance - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as the resident completes the activity. Assistance may be provided throughout the activity or intermittently. On 06/01/2026 12:20 PM, R4 was observed in the dining room, with their food tray in front of them. No water is present on the tray, only coffee. R6 is a 94yrs old female admitted to the facility on [DATE] with a medical diagnosis that includes but is not limited to Alzheimer's dementia, syncope, atrial fibrillation, essential hypertension, type 2 diabetes mellitus, metabolic encephalopathy, schizophrenia, bipolar disorder, anemia, hyperlipidemia, gastroesophageal reflux (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145324	A. Building B. Wing	06/04/2026

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	disease, and obesity.On the (MDS) Minimal Data Set assessment of 4/17/2026, section C 1000(Cognitive Skills for Daily Decision Making) indicates severe cognitive impairment. On MDS of 4/17/2026 on section GG, eating Ability, Partial/moderate assistance - Helper does less than half the effort. Helper lifts, holds, or supports trunk or limbs, but provides less than half the effort.On 06/01/2026 at 12:25 PM, R6 was observed in the dining room, with their food tray in front of them. No water, coffee, or tea on the tray. On 06/02/2026 at 9:25AM, R6 was observed in the dining room, being fed by V10 (Certified Nursing Assistant). No water, coffee, or tea on the tray. On 6/3/2026, Burim [NAME] (Dietary Manager) said that the kitchen will provide the food, and nursing is responsible for providing the fluids, such as water, coffee, and juice, to residents in the units. The dietitian will update the likes and dislikes. On 6/4/2026 at 10:45AM, V2 (Director of Nursing) said the second floor has 84 residents and approximately 50 residents eat in the dining room, and 19 residents require assistance with meals. V2 stated, I expect the staff to pass on fluids, and to check the food ticket and provide the required fluids on the ticket, and if there is no fluid selected, staff are expected to offer water or juice. When residents cannot express their needs and ask for fluids, staff members are expected to provide water and juice during meals. I expect the staff to provide fluids and follow the meal ticket and offer water during meals. On 6/4/2026 at 10:55AM, V21 (Licensed Dietitian) said that breakfast, lunch, and dinner residents are offered juice, coffee/tea, and milk, approximately 720ml per meal, in addition to water that is offered per day. That is more than 2000ml/day. I don't expect the staff to receive only solid food with no liquids with the meals. On 6/3/2026 at 3:51PM, V2 (Director of Nursing) provided facility policy titled, Hydration, revised date 6/30/2025, which reads in part (but not limited to),Policy:It is the facility's policy to ensure that residents are adequately hydrated.B- Ensure that during mealtime, residents have fluids with their food.C- Ensure that during meals, there is an available source of hydration (juice, water, coffee, etc.) when the resident asks for it.D-Ensure that residents who ask for fluids are provided with fluids.