

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 145336	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/10/2026
NAME OF PROVIDER OR SUPPLIER Warren Barr Gold Coast		STREET ADDRESS, CITY, STATE, ZIP CODE 66 West Oak Street Chicago, IL 60610	

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 0826</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide specialized rehabilitative services by qualified personnel, when ordered for a resident by a doctor.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to provide specialized rehabilitative services per resident's physician order for one (R13) resident out of five residents reviewed for quality of care in a total sample of 16 residents. This failure has the potential to affect a resident from attaining, maintaining, or restoring their highest practicable level of physical, mental, functional and psycho-social well-being. Findings include: On 04/07/2026 at 1:16 PM, R13 stated that the concern R13 has is that it has been over a month and R13 has not had much rehab therapy even though R13's physician told R13 that R13 would be referred to rehabilitation therapy. R13 stated I (R13) am trying to figure out what is going on with my therapy. I told my physician that comes once a month, and the physician told me Let me go and talk to them. R13 stated this about a month ago. R13 stated that one day a therapist came and never came back that week. R13 stated that it is Tuesday today and R13 asked the CNA (certified nursing assistant) if R13 was scheduled to get up for therapy since R13 needs assistance with getting out of bed. R13 stated that the CNA told R13 that R13 was not on the therapy schedule. R13 stated that since March until now, R13 has had a total of two or three therapy sessions. R13 stated that she feels therapy would help her with R13's arthritis and knee pain. 04/08/2026 at 2:21 PM, V7 (Therapy Director) stated that R13's primary therapist has been on vacation since last Thursday. V7 stated but we always have staff, so whenever a therapist is not here, someone covers. V7 stated I (V7) believe R13 was referred to therapy sometime in March and I know we evaluated her on March 17th. V7 stated that R13 has had three visits already since March 17th. Right now, she is scheduled for Tuesday, but we rescheduled for Thursday and Friday. I cannot pull up why she was not seen on Tuesday and why she is rescheduled for Thursday and Friday. V7 stated that R13 was seen for evaluation on March 17th. V7 stated that on March 22nd and March 31st, R13 was seen for therapy treatment. V7 stated R13's physician order notes that R13 is ordered for 2-3 times a week. V7 stated R13's order is being followed, but usually if there are scheduling conflicts, things happen, my therapist calls off, if we cannot see them on a particular day we reschedule. V7 stated per the visits that she has received they weren't able to follow the doctor's order. V7 stated that R13's goal is to be able to do bed mobility tasks with supervision to touching assistance. On evaluation, R13 could not do that level, and she was rolling with moderate assistance. R13's face sheet documents R13 is a [AGE] year-old individual with diagnoses not limited to: bilateral primary osteoarthritis of knee. R13's MDS/Minimum Data Set, dated [DATE] documents that R13 has a BIMS/Brief Interview for Mental Status score of 15/15, indicating that R13 is cognitively intact. R13's active physician order set documents in part, physical therapy: 2-3 times a week for 41 days since 03/17/2026. R13's physical therapy evaluation and plan of treatment dated 03/17/2026 documents in part frequency 2 to 3 time (s)/week, duration 41 days. Clinical Impressions/Reason for Skilled Services: Based upon examination of patient's body regions, systems and structures, patient presents with balance deficits, decreased dynamic balance, decreased functional capacity, pain, strength impairments, decreased safety awareness and decreased static balance and in consideration of history, personal factors, and functional limitations documented in this eval summary, patient requires (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
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<p>F 0826</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>skilled PT services to increase functional activity tolerance, increase LE ROM (Lower Extremity Range of Motion) and strength, promote safety awareness, improve dynamic balance, facilitate discharge planning and facilitate independence with all functional mobility , in order to decrease level of assistance from caregivers, increase performance skills with functional tasks and facilitate safe transition to next level of care . Due to the documented physical impairments and associated functional deficits, without skilled therapeutic intervention, the patient is at risk for: immobility, falls, decrease in level of mobility, decreased leisure task participation and decreased participation with functional tasks.R13's physical therapy treatment encounter notes are dated 03/17/2026, 03/22/2026, and 03/31/2026.Facility document dated 2025 titled pain documents in part policy provision of rehab services. Therapist will follow the physician approved plan of care established for the resident/patient. The therapist will ensure all rehabilitation services will follow the accepted practices and guidelines for each rehabilitation discipline. Therapists will deliver care as per plan, and in accordance with state and federal laws and best practice techniques. Physician orders will include specific activities, interventions and procedures to be implemented, specific frequency and duration.</p>		