STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145336	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warren Barr Gold Coast	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview, and record review the facility failed to ensure Enhanced Barrier Precaution (EBP) signage was visibly posted for two residents requiring Enhanced Barrier Precaution; and failed to ensure that staff had Personal Protective Equipment (PPE) bin available for staff use. These failures affected two residents (R5 and R10) and has the potential to affect all 35 residents residing on the third-floor unit. Findings include: R5 has a diagnosis which includes but not limited to: multiple sclerosis, dysphagia, fracture of left femur, and thrombocytopenia.R5's Brief Interview for Mental Status (BIMS) dated 03/13/2026 shows a score of 15 which indicated that R5 is cognitively intact.R5's Physician Order Sheet (POS) does not show orders for EBP for R5 however does show wound care orders for Medi honey/foam every day shift every Mon, Wed, Fri (Monday, Wednesday, Friday) for R (right) glute (gluteal) cleanse with NSS (normal saline solution) pat dry, apply Medi honey and cover with border foam.R5's wound care plan dated 6/8/26 documents in part: Focus is on Enhanced Barrier Precautions for right gluteal wound . Interventions: Ensure that gown and gloves are used during high-contact resident care activities. R10 has a diagnosis which includes but is not limited to heart failure, restlessness and agitation, adult failure to thrive, and history of COVID-19.R10's Brief Interview for Mental Status (BIMS) dated 04/10/2026 does not document a BIMS score for R10 and indicates that R10's memory is okay.R10's Physician Order Sheet (POS) does not show that R10 have orders for EBP however does show that R10 has wound care orders for Medi honey/Foam dressing every day shift for sacrum (pressure) cleanse with NSS, pat dry, apply skin prep to peri wound, Medi honey to wound bed and cover with a foam dressing.R10's wound care plan dated 6/8/26 documents in part: Focus is on Enhanced Barrier Precautions for right gluteal wound . Interventions: Ensure that gown and gloves are used during high-contact resident care activities. On 6/8/26 at 1:00 pm, Surveyor observed R5 in her room, in bed. Surveyor did not observe R5's room door with an EBP sign on the door or a PPE bin available for staff use.On 6/8/26 at 1:03 pm, Surveyor observed R10's in her room, in bed. Surveyor did not observe R10's room door with an EBP sign on the door or a PPE bin available for staff use.On 6/8/26 at 1:15 pm, Surveyor brought these observations to V11 (Registered Nurse, RN, Wound Care Nurse) and V11 stated that she performs wound care dressing changes for R5 and R10's wounds daily. V11 then stated that R5 and R10 are not on EBP and do not require Personal Protective Equipment (PPE) to be worn during care or a EBP sign posted for their rooms. V11 then stated EBP is for residents who are at risk for acquired infections. Surveyor and V11 reviewed the signage for residents who require EBP which stated, Enhanced Barrier Precaution: Everyone must: clean their hands, including before entering and when leaving the room. Providers and staff must also wear gloves and a gown for the following high contact resident care activities . wound dressing change. V11 then stated, Looks like they require EBP and that I should be wearing PPE (personal protective equipment). I am not sure who is responsible for placing the EBP sign.On 6/8/26 at 2:24 pm, V24 (Infection Preventionist ,IP, Registered Nurse, RN) stated residents with wounds should have an EBP sign placed on the door and staff should be donning Personal Protective Equipment (PPE) (gown and gloves) when performing high contact care such as wound care. V24 then stated that the EBP is to prevent staff and the resident from transmitting infection and to reduce the spread of possible infection to others during high contact care.On 6/10/26 am at 9:24 (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
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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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	am V24 (IP, RN) stated that residents with EBP do not require a physician's order and that V24 will verbally tell staff when a resident is on EBP. V24 then explained that a residents physician order sheet is what the nurses refer to regarding the care and orders for a resident. During this investigation surveyor requested the facility policy for PPE bins for EBP residents and the facility was unable to provide. The facility document dated 6/9/26 and titled Enhanced Barrier Precautions presented by V24 shows that R5 and R10 requires EBP.The facility document dated 9/16/25 and titled Enhanced Barrier Precautions documents, in part: Policy: The facility will use Enhanced Barrier Precautions (EBP) to reduce transmission of multi-drug-resistant organisms in the nursing homes. EBP involves the use of gowns and gloves to reduce transmission of resistant organisms during high-contact resident care activities for residents known to be colonized or infected with MDROs as well as residents with wounds and/or indwelling medical devices . Procedures: 1. EBP will be used for any resident in the facility - with open wound/s (pressure ulcer, diabetic ulcer, venous ulcer, arterial ulcer, unhealed surgical wounds, etc. (etcetera) . 3. The EBP requires the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of XDROs (Extensively Drug-Resistant Organism) to staff hands and clothing . 7. An EBP sign should be posted on the doors of each resident on EBP.The facility document dated 6/30/25 and titled Infection Prevention and Control documents, in part: Policy Statement: The facility has established a policy to identify, record, investigate, control, test and prevent infections in the facility. Procedures: 8. A sign will be provided outside the room for residents on transmission-based precautions indicating the type of the precautions (Contact, Droplet, or EBP).