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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                      | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>145343 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY COMPLETED<br><br>06/21/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Ambassador Nursing & Rehab Center |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4900 North Bernard<br>Chicago, IL 60625 |  |

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

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49783</b></p> <p>Based on interview, observation, and record review, the facility failed to ensure that the resident's bathroom sink and toilet were maintained and working properly for 2 of 3 residents, R4 and R6 (R4, R6, R3) reviewed for physical environment in the sample of 3.</p> <p>Findings include:</p> <p>On 6/18/2024 at 9:21AM surveyor observed R4 shared bathroom with broken sink faucet, no water coming out when turned on and a non-working toilet not flushing properly. Toilet with water surrounding all area on the floor.</p> <p>At 9:23AM V1 (Administrator) approached surveyor in R4's bathroom and observed non- working faucet and toilet with water coming out of the bottom of the toilet. R4 not present in room at the time. R4 observed in dining room sitting at a table with a walker participating in activities.</p> <p>V1stated, he was unaware of this and will inform maintenance.</p> <p>On 6/18/2024 at 11:00AM R4 states, yes, my bathroom sink has been broken for about a month now. I keep telling them nothing is done. I have to brush my teeth and use the bathroom in the next room. Toilet keeps leaking at the bottom. I told housekeeper many times. I live here I should not have to go in another room to brush my teeth and wash my hands or use another toilet. I don't use the bathroom because the toilet is messed up and I don't want to fall on the floor.</p> <p>On 6/18/2024 R6 states, I don't use the bathroom I'm bedridden but R4 does.</p> <p>When staff provide care, they have to go to room [ROOM NUMBER] to get water so they can give me my bath. I know the CNAs have to use a towel to turn on the water. It's been like that for about three months.</p> <p>On 6/18/2024 at 9:41AM V9 (Licensed Practical Nurse) states, if something needs fixing, we verbalize it to maintenance or we make out a form to submit work order in PCC system. I'm not aware if room [ROOM NUMBER] having sink or plumbing issues.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 6/18/2024 at 9:35AM V17 (Certified Nursing Assistant) states, I just returned from vacation for two weeks. Before leaving for vacation, sink and toilet in R4's room was working properly. Today I had to get water from room [ROOM NUMBER] to complete bed bath for R6. R4 is the only resident in that room that can walk to the bathroom, and she uses the toilet. All staff make sure linen is not thrown on floor. We throw dirty linen in linen carts and send bag down shoot.</p> <p>On 6/20/2024 at 12:00PM V21(R4's Relative) states, R4 bathroom has been out of order for thirty days now. We reported to housekeeper about three weeks ago and nothing was done. The sink is broken, and the hot water won't come on. R4 can't brush her teeth or wash her hands after using bathroom. R4 has to go in another room where she doesn't sleep to do her am care. I'm there often visiting and reported this, and they keep telling me the same thing. R4 told me every time she uses the toilet it floods. I just got a call today informing me that they fixed the issue. She shouldn't have to leave her room just to use the toilet in another room.</p> <p>On 6/20/2024 at 11:20AM V19 (Housekeeper) states, on my last schedule workday the toilet in R4 room was working fine. The handles on the faucet were broken but, I don't remember reporting it to anyone. I noticed it last Sunday.</p> <p>On 6/20/2024 at 11:21AM V20 (Housekeeping Director) states, the housekeepers clean each room daily. Housekeepers should report to the director or nurse immediately if faucet or toilet isn't working. The nurse should put order request in PCC. maintenance should get order or check PCC.</p> <p>Reviewed Facility provided weekly water run flushing log for 3/2024 and 4/2024 no log provided for 5/2024 or week beginning 6/1/2024.</p> <p>Reviewed facility Tels work orders print out date 6/18/2024 no open or closed dates identified on work orders.</p> <p>Facility policy titled Preventative Maintenance Program Life Safety Code documentation Page eleven states, Inspect all faucets, toilets, and grab bars throughout the facility for proper operation. Repair any leaking faucets or toilets as needed.</p> <p>Residents' rights for People in Long Term Care Facilities document in part, your facility must be safe, clean, comfortable and homelike.</p> |