STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356 Based on record review and interviews the facility failed to provide the right of every resident to formulate an advance directive and advance care planning for 1 of 1 resident (R29) reviewed in a sample of 28 residents. These failures have the potential to affect 1 resident (R29) to exercise the option for advance directives and choose treatment. Findings include: R29 is [AGE] years old, initially admitted on [DATE], with a medical diagnosis of schizophrenia. Per Minimum Data Set (MDS) dated [DATE], R29 has a brief interview for mental status (BIMS) score of 7, meaning R29's cognition is impaired. R29's documented code status per physician's order is full code. The hospital record dated 5/15/2024 documents on care planning wound care provided to promote comfort needs (Hospice). On 07/10/24 at10:19 AM, V2 (Director of Nursing) stated that Social Service spoke with R29 and R29 chooses full code. A request of care plan for advance directive was made to V2. V2 stated that Social Services did not have any care plan for advance directives but did the care plan just today. On 07/11/2024 at 10:18 AM, V22 (Social Service Director) stated that there was no documentation in the progress notes that R29 was given discussion about advance directives. V22 stated, although there was no documentation in the progress notes, she (V22) discussed with R29 about advance directives. V22 stated that R29's representative (appointed State Guardian) was just called yesterday 7/10/2024 and left a message to clarify if what R29's real intentions are, whether he is a full code or DNR (Do Not Resuscitate). V22 stated that prior than yesterday 7/10/2024, there was no communication to R29's representative. Per R29's hospital records by V31 (Doctor) documents both reasoning and communicating a choice of R29 are both inadequate. It reads that R29 lacks decisional capacity to make some or all decisions. R29 demonstrate's poor insight, understanding, and reasoning. R29 does not appear to have the capacity to make decisions. Policy on Guidelines for Resident's Rights - Advance Directives dated 6/24/2024, reads: (continued on next page)

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
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Residents have specific rights related to advance directives and advance planning. The facility must ensure that these rights are explained, documented, and implemented as indicated for residents as per State and Federal regulations. Residents have the right to request treatment as well as refuse treatment. Advance care planning is a process of communicating between individuals and their healthcare agent/providers to understand, reflect on and discuss, the plan for future healthcare decisions for a time when individuals are not able to make their own healthcare decisions - for various reasons. Upon admission, it should be determined whether or not the resident has an advance directive(s) in place. If not, it must be determined if the resident wishes to formulate an advance directive(s). The facility must provide information about advance directive(s) in a manner easily understood by resident and/or representative. The resident and/or their responsible party must be educated as to when (under what circumstances) the advance directive(s) they have chosen will be implemented.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45111 Based on observation, interviews and record review, the facility failed to protect the privacy and confidentiality of one (R40) resident's personal and medical records of six reviewed in a sample of 28. Findings include: R4's current face sheet documents R4 is a [AGE] year-old individual with medical diagnoses that include but are not limited to: schizophrenia, Major depressive disorder, bipolar. On 07/09/2024 at 9:55am, V4 (Registered Nurse-RN) was observed on the 1st floor using team two cart administering medication to R40. V4 was observed leaving the computer screen open, showing R40's information on the screen. There were other residents and staff passing by the medication cart glancing at the computer screen. R28 was observed sitting in his wheelchair directly facing the open computer screen, and R40 was standing near the open computer screen waiting for V4 to come back and continue administering R40's medications. V4 stated she had walked to the nursing station after R28 had informed V4 that he (R28) had an appointment at 9:00am this morning. V4 had walked over to the nurses station to find out if R28 had an appointment scheduled for 9:00am. V4 stated she forgot to lock her computer screen. V4 stated leaving the computer screen unlocked with R40's personal medical information showing is a HIPAA (Health Insurance Portability and Accountability Act) violation because other residents and staff can see R40's personal and confidential information which should be protected and not seen by anyone not taking care of R40. Computer screen was observed showing R40's medications which included: amLODIPine Besylate Oral Tablet 5 MG (Milligrams) Benztropine Mesylate Oral Tablet 1 MG, Divalproex Sodium Oral Tablet Delayed Release 500 MG, Docusate Sodium Oral Capsule 100 MG, Furosemide Oral Tablet 20 MG (Furosemide), Losartan, Oral Tablet 100 MG, Potassium Chloride ER Oral Tablet Extended Release- 10 mEq, SEROquel Oral Tablet 300mg. On 07/09/2024 at 1:23pm, V2 (Director of Nursing-DON) stated when a nurse walks away from her computer, the nurse should lock her computer screen to protect the resident information for HIPAA, so that other residents or staff cannot see a resident's protected personal information, because that's a HIPAA violation. Facility Policy titled Resident Rights, no date, documents: -You have the right of privacy over your personal and clinical records

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 45002 Based on observations, interview and review of records, the facility failed to maintain a homelike environment for one (R80) out of 3 residents reviewed for homelike environment in a sample of 28. Findings include: On 07/09/2024 at 11:37 AM, surveyor observed R80's bathroom and saw there was a one foot size hole broken from the ceiling tile above the toilet. R80 stated that the hole has been there for about a month. She stated that she asked to have it repaired but no one has come to patch it up. On 07/10/2024 at 10:00 AM, surveyor observed R80's bathroom and saw the same hole unattended to. R80 stated that no one has come in to fix it. On 07/11/2024 at 10:28 AM, V16 (Maintenance Director) stated that he is the maintenance director for the facility. V16 stated that he started working at the facility since January 14, 2024. V16 stated that he does rounds on every floor every morning when he starts his shift. V16 stated that he starts on the 3rd floor and peaks into everybody's rooms to see what needs to be fixed. He observes what is going on with the lights. V16 stated that depending on the issue, we prioritize them based on how severe. V16 stated that the main thing the facility addresses is leakage. We don't want water damage. V16 stated that he noticed the hole on the ceiling in R80's bathroom a couple days ago. V16 stated that there was water leakage in the room above and we left the hole there to air out and dry out before we repatch it up again, so that we don't get mold. V16 stated that he never received a work order from anyone about this. Reviewed facility's work order. No work order for R80's bathroom. Facility's Maintenance Request Log (In-house Work Order) (undated) documents in part: Work orders can be entered into the TELS system in which notifications are sent directly to the Maintenance Supervisor. The work orders can be entered through TELS on PCC or any computer with internet access. Staff can also communicate directly to maintenance manager. If an issue is urgent, it will be addressed within a reasonable time frame or immediately depending on the nature of the request. Buildings and ground are to be inspected daily. Areas needing repair or attention are identified, they should be dealt with immediately. If that is not possible, the issue and the area and/or resident room number should be recorded for proper follow up.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45001 Based on interview and record review, the facility failed to follow their policy to ensure residents were free from abuse by one staff member being physically abusive towards four residents (R32, R64, R104, R119) and verbally abusive towards one resident (R50) out of five residents reviewed for abuse in a sample of 28. This failure resulted in the residents experiencing emotional trauma/fear and anxiety. Findings include: 1. According to R119's facesheet printed 7/11/24, R119 is [AGE] years old with diagnoses that include but are not limited to unilateral primary osteoarthritis, right and left knee; venous insufficiency; need for assistance with personal care. According to R119's MDS (Minimum Data Set), 6/3/24, R119 has a BIMS (Brief Interview for Mental Status) score of 15, indicating intact cognition. R119's care plan initiated 2/13/24 reads in part: R119 is an adult living with chronic health conditions and comorbidities that include orthopedic aftercare, unsteadiness on feet, gait and mobility issues, anxiety; that requires the support, services and structure of this care setting to maintain stability and highest practicable level of functioning. Facility Reported Incidents, 7/10/24, reads in part: Resident (R119) alleges that employee (V11/Certified Nursing Assistant-CNA)) displayed inappropriate behavior. V11 Employee Disciplinary Action Form, 7/10/24, reads in part: Suspended pending investigation. On 7/10/24 at 1:30 PM, R120 (husband of and roommate of R119) said R119 was in bed and he (R120) was in the wheelchair near his bed. R120 said, V11 came into the room looking mean. V11 had a mad face. R120 said, R119 and I felt vulnerable and we could see V11 was not in a good mood. V11 let the head of the bed up to take off R119's gown. R119 was reaching behind untying the gown. V11 was standing with hand on hip looking at R119. R119 was taking time because she had eyeglasses on. R119 was not able to untie the gown and was pulling the gown over her head when V11 said, you're not going fast enough. V11 then grabbed the gown and yanked it off R119's head. R119 said to V11, watch it you're going to break my glasses. R120 stated he said to V11 be careful. Then V11 said to R119 I can't break your glasses. After V11 yanked the gown over R119's head R119's eyeglasses were skew on R119's nose. V11 threw the gown in R119's face. By the look on R119's face, R119 was distressed by what happened. R120 said, It made me feel scared of V11. I'm in a wheelchair and V11 is big and solid. I felt like I failed as a fiance because I was not able to protect R119. I was worried about V11 hitting R119 and me. R119 said, I was full of stress, and it made me distressed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	R120 said V11 was the kind of person you never knew what kind of mood V11 would be in. R119 would ask the morning shift who would be R119's CNA for the evening. Knowing V11 would be the CNA made R119 nervous because V11 was frequently rough with R119. R119 said I'm nervous when I have V11 because I don't know what's going to happen. R120 said R120 and R119 did not report to the facility because V11 had been rough in the past and we would just not let V11 back in the room. I would go to the head nurse and request someone else. 2. According to R104's facesheet printed 7/11/24, R104 is [AGE] years old and have diagnoses that include but are not limited to atrial fibrillation, morbid (severe) obesity due to excess calories, atherosclerotic heart disease of native coronary artery, hypertensive heart disease with heart failure, need for assistance with personal care. According to R104 MDS, 5/22/24, R104 has a BIMS score of 14, indicating intact cognition. R104's care plan initiated 7/11/24 reads in part: R104 is an adult living with chronic health conditions and comorbidities that requires the support, services and structure of this care setting to maintain stability and highest practicable level of functioning. Facility Reported Incidents, 7/10/24, reads in part: R1 (now R104) alleged that the employee (V11) displayed inappropriate behavior a few months ago. V11 Employee Disciplinary Action Form, 7/10/24, reads in part: Suspended pending investigation. 7/10/24 at 2:06 PM, R104 said V11 was changing me and wanted to move my legs toward the center of the bed. V11 grabbed my legs to aggressively and twisted my left leg. I yelled ouch and V11 backed off. In general, V11 is rough. It's annoying. I did not report because I didn't consider it to be serious. I did mention it in casual conversation with another CNA (R104 did not want to give the name of the CNA). 3. According to R64's facesheet printed 7/11/24, R64 is [AGE] years old and have diagnoses that include but are not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, epilepsy, need for assistance with personal care. According to R64's MDS, 5/13/24, R64 has a BIMS score of 5, indicating severe cognitive impairment. R64 care plan initiated 7/11/24 reads in part: R64 is an adult living with chronic health conditions and comorbidities that requires the support, services and structure of this care setting to maintain stability and highest practicable level of functioning. Facility Reported Incidents, 6/4/24, reads in part: Staff member (V11) allegedly made contact with R1 (now R64). V11 Record of Conversation, 6/9/24, reads in part: V11 was re-educated on customer service expectations and approach with residents. V11 was educated on procedure of incontinence care and bed mobility. 7/10/24 at 2:15 PM, R64 said V11 is violent. V11 knocked me down on my bed and I hit my head on the windowsill. My head hurt. I feel threatened by V11 because I don't know what V11 will do next. 4. According to R50's facesheet printed 7/11/24, R50 is [AGE] years old and have diagnoses that include but are not limited to sequelae of cerebral infarction, chronic atrial fibrillation, atherosclerotic heart disease of native coronary artery, hypertensive heart disease with heart failure, need for assistance with personal care. According to R50's MDS, 6/21/24, R50 has a BIMS score of 15, indicating intact cognition. R50's care plan initiated 10/31/22 reads in part: R50 is an adult living with chronic health conditions, challenges, and comorbidities. Facility Reported Incidents, 4/12/24, reads in part: R1 (now R50) reported the CNA (V11) allegedly spoke inappropriately to R50. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	Untitled document, 4/12/24, reads in part: I educated V11 on customer service expectations to include: communication, problem solving, empathy, and friendliness with a positive and warm attitude. 7/11/24 at 12:39 PM, R50 agreed to speak to surveyors. R50 preferred to be spoken to in Spanish. Interview interpreted by Spanish speaking surveyor. R50 said R50 had a problem with V11 when questioned if R50 knew who V11 was. R50 said R50 remembers sitting on the bed and V11 entered the room to provide care for a roommate. R50 said V11 told R50 that R50 was old and that is why R50 is in the facility and R50 said V11 told R50 that R50 is useless and that R50 will die soon. R50 said those words made R50 feel sad and alone and R50 felt that R50 can't tell anyone. R50 said that happened around three weeks to almost a month ago. R50 said it happened late afternoon. R50 said R50 does not remember the name of the staff member that R50 informed this to. R50 said R50 remembers they were like arguing and does not remember the reason for the arguing but R50 said soon after is when V11 told R50 these things. R50 states that R50 does not know why V11 told R50 that. 5. According to R32's facesheet printed 7/11/24, R32 is [AGE] years old and have diagnoses that include but are not limited to sequelae of cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, chronic kidney disease, stage 4, hypertensive heart disease with heart failure, need for assistance with personal care. discharge date [DATE]. According to R32 MDS, 12/4/23, R32 had a BIMS score of 11, indicating moderate cognitive impairment. R32's care plan initiated 1/30/23 reads in part: R32 is an adult living with chronic health conditions, challenges and comorbidities. There is benefit from placement in a skilled care setting. Facility Reported Incidents, 9/25/23, reads in part: Resident (now R32) alleged that staff member (V11) made contact to R32 head. Untitled document, 10/2/23, reads in part: V11 was educated regarding customer service expectations to include care and approach towards a patient with behaviors. 7/11/24 at 1:06 PM, V24 (Registered Nurse) stated I have worked with V11 before. I have not had a problem with V11. 7/11/24 at 4:55 PM, V29 (Licensed Practical Nurse) stated I have worked with V11. I have not had complaints about V11. 7/11/24 at 5:17 PM, V30 (Certified Nursing Assistant) stated I have worked with V11 before. V11 does V11's job. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Actual harm Residents Affected - Some Note: The nursing home is disputing this citation.	On 7/11/24 at 6:30 PM, V2 (Director of Nursing) said, I am head of the team while the administrator is on vacation. The facility does abuse training, upon hire and as needed. Every employee gets abuse training. The Administrator is the Abuse Coordinator. If there is an allegation of abuse, investigation starts right away. First goal is to keep the resident safe. Report to the Abuse Coordinator. Do a head-to-toe assessment, assess distress, notify physician, and family. If staff is involved the staff is suspended immediately pending investigation. V11 was suspended right away after being notified of the allegations. V11 was suspended for the allegations of abuse by three different residents, involving three different situations. The facility reported all incidences to State Agency and facility investigated allegations. Psychological, emotional, physical, sexual, verbal, involuntary seclusion, neglect, exploitation, financial, misappropriation of resident property, injury of unknow origin are forms of abuse. V11's natural personality is to be strong, V11 is not friendly and bubbly. V11 should be thoroughly educated on customer service when taking care of patients. Throwing a gown at a resident, pushing a resident down, twisting a resident's leg, telling a resident they are useless and will die soon is abuse. 7/12/24 at 10:28 AM and 1:20 PM attempted to call V11 (CNA) there was no answer, unable to leave message due to mail box full and cannot except messages at this time. 7/12/24 at 11:30 AM, contacted V2 (DON) to contact V11 for phone interview but did not receive a response or call from V11. Facility Abuse Prevention Program, 3/1/21, documents in part: It is the policy of this facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property and a crime against a resident in the facility. This facility will not tolerate resident abuse or mistreatment or crimes against a resident by anyone, including staff members, other residents, consultants, volunteers, and staff of other agencies, family members, legal guardians, friends, or other individuals. Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental psychosocial well-being. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49666 Based on interview and record review the facility failed to assure that a resident who was incontinent of bowel and bladder received the appropriate services to restore continence to the extent possible for one (R111) resident reviewed for bowel and bladder in a sample of 28. Findings include: R111's Face sheet dated 7/11/2024 documents that R111 is a [AGE] year-old male who has diagnoses not limited to: end stage renal disease, weakness, need for assistance with personal care, unspecified abnormalities of gait and mobility. R111's MDS/Minimum Data Set Section C dated 04/22/2024 shows R111 has a BIMS/Brief Interview for Mental Status score of 15/15, indicating that R111 is cognitively intact. R111's Minimum Data Set (MDS) section GG dated 04/22/2024 documents R111 needs substantial/maximal assistance for toilet transfer. R111's Minimum Data Set (MDS) section H dated 04/22/2024 documents R111 is not put on a trial of bowel and bladder toileting program, R111 is frequently incontinent for both bladder and bowel. 07/09/24 12:39 PM observed R111 laying on his bed, dressed in his gown, covered in a sheet, in no apparent distress. R111 states that he can feel when he needs to urinate and have a bowel movement most of the time. R111 states but I need assistance to use the toilet. 7/11/24 10:47 AM V23 (Restorative Nurse) states that she completes the assessment on residents who will be appropriate for the bowel and bladder training program. V23 states that if the residents can ambulate, then we can do bowel and bladder training program. V23 states that if the residents are wheelchair bound and are incontinent, we just do the check and change program. It is also care planned if they are on a bladder and bowel program. V23 states that other criteria that residents can have to be on a bowel and bladder program, is if they are in the wheelchair and V23 states the residents can verbalize that they need to use the restroom then staff can put them on the bowel and bladder program. 7/11/2024 1:55 PM V23 states that it was her mistake, and she oversaw it R111's being appropriate to be on the bowel and bladder training program. V23 states that the CNAs (certified nursing assistants) can be more proactive and ask him if he needs to go to the toilet instead of him waiting to be changed even if he has episodes of incontinence. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	7/11/2024 12:32 PM V27 (Certified Nursing Assistant/CNA) states that he works with R111 sometimes. V27 stated we do change him, we dress him, he calls you when he needs to be changed. V27 states that R111 does not walk and uses the wheelchair. V27 stated sometimes therapy take him and I do sometimes help him transfer from his bed to his wheelchair. V27 states that R111 does not go to the toilet. V27 stated we change him in the bed, R111 has not asked me to take him to the toilet. V27 stated we also change him when he has a bowel movement. V27 stated R111 was using the bed pan before when he was on the 3rd floor. V27 states that R111 does use the urinal sometimes when asked by surveyor if R111 uses the urinal. V27 stated when R111 pees, I change him on the bed. R111's care plan dated 01/24/2024 documents in part I have a Self Care Deficit and I require assistance with ADL's (Activities of Daily Living) to maintain the highest possible level of functioning AEB (as evidenced by) the following limitations and potential contributing factors: - General weakness . Toileting: I usually require Extensive assistance and 1 person support for Toileting. Facility document, not dated, titled Policy and Procedure for facility Restorative Nursing Programming documents in part, the nursing facility must also ensure that the resident's abilities in ADL's (Bathing, Dressing, Grooming, Bed Mobility, Transfer, Ambulation, Toilet, Eating, use of Speech, Language or other functional communication system) do not deteriorate unless the deterioration was unavoidable. The facility is responsible for providing maintenance and restorative programs that will not only maintain, but improve, as indicated by the resident's comprehensive assessment to care and maintain the highest practicable outcome. The facility is responsible to ensure that residents receive care and services needed if they are unable to perform their own ADL care independently.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. 41356 Based on observation, interviews, and review of records the facility failed to ensure that a resident's head was elevated during administration and flushing of enteral feeding for 1 out of 1 resident (R398) for a total sample of 28 residents. This failure has the potential to affect 1 resident (R398) in preventing aspiration related to enteral feeding. Findings include: On 07/09/2024 at 12:01 PM, R398 was on the bed having their feeding tube flushed by V8 (Registered Nurse) using a syringe via enteral tube. R398 was laying on her side, head dangling off the bed on the level of her knees. V8 was seen flushing R398's enteral tube twice, after it was done. V8 was asked if R398's head is in the right position when enteral tube was being flushed. V8 stated that it was upright before but R398 moved to her right. After pointing out to V8 that R398's head is at the level of her knees. V8 went back to R398's bedside and repositioned R398 in an upright position. V8 then went out of the room and stated, the head should be maintained to at least 30 degrees to avoid aspiration. On 07/10/2024 at 10:28 AM, V2 (Director of Nursing) after reviewing enteral feeding policy stated that during medication administration and flushing via tube feeding the head of the resident needs to be elevated to prevent aspiration. Per V2, R398 enteral tube was just placed recently after going to the hospital. Per physician order it was directed to elevate head of bed 30 to 45 degrees at all times except when performing ADL (Activities of Daily Living) care. Policy on Guidelines for Enteral Feeding dated 7/3/2023, reads: To provide guidance to qualified licensed clinical staff in hanging and maintaining and managing and administering Tube/Feedings and Enteral Nutrition to residents to include medication administration. Under procedure, the nurse will elevate the head of the bed 30 - 45 degrees while the tube feeding is infusing and will maintain this elevation for 30 - 45 minutes after the feeding is completed. National Library of Medicine, National Institutes of Health, dated 2023. It reads: Under reducing risk for aspiration, In addition to verifying tube placement, nurses perform additional interventions to prevent aspiration. The American Association of Critical Care Nurses recommends the following guidelines to reduce the risk for aspiration: Maintain the head of the bed at 30 -45 unless contraindicated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45111 Based on observations, interviews and records review, the facility failed to follow its policy on disposing expired medication for one (R127) resident, and failed to properly store insulin for three (R4, R7, R90) of six residents reviewed in a sample of 28. Findings include: R28's current face sheet documents R127 is a [AGE] year-old individual with medical diagnosis that include but not limited to unspecified fracture of lower end of right tibia, subsequent encounter for closed fracture with routine healing, displaced fracture of lateral malleolus of right fibula, subsequent encounter for closed fracture with routine healing R28's current POS (Physician Order Sheet) documents: 7/25/2023 -Ibuprofen Tablet 600 MG -Give 1 tablet by mouth every 8 hours as needed for pain alternate with norco-Discontinued 7/25/2023 R90's current face sheet documents R90 is a is a [AGE] year-old individual with medical diagnosis that include but not limited to: type 2 diabetes mellitus with foot ulcer R90's current POS (Physician Order Sheet) documents: 3/21/2024-Lantus SoloStar Subcutaneous Solution Pen-injector 100 UNIT/ML (milliliters) (Insulin Glargine). Inject 21 unit subcutaneously. R4's current face sheet documents R4 is a [AGE] year-old individual with medical diagnosis that include but not limited to: type 2 diabetes mellitus with hyperglycemia, and R4's POS (Physician Order Sheet) documents: 7/10/2024 -Insulin Aspart (w/Niacinamide) Injection Solution (Insulin Aspart (with Niacinamide) Inject 8 unit subcutaneously with meals for antidiabetic give three times a day. R7's current face sheet documents R7 is a [AGE] year-old individual with medical diagnosis that include but not limited to: type 2 diabetes mellitus with diabetic chronic kidney disease, and R7's POS (Physician Order Sheet) documents: 12/20/2023-Insulin Glargine Solution 100 UNIT/ML. Inject 70 unit subcutaneously every 12 hours related to type 2 diabetes mellitus with diabetic chronic kidney disease. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 07/10/2024 at 9:28am on the 2nd floor during medication cart one observation with V15 (Licensed Practical Nurse-LPN) three unopened insulins, pens/vials for R7, R4, and R90, were observed stored in the medication cart drawer. All three medications had a refrigerate label on them. All three medications did not have a received-on date label on them. V15 stated once the insulin is received from pharmacy, it should be refrigerated to increase shelf life and maintain potency, to make sure residents receive medication that is effective. the unopened insulin was labeled refrigerate. No received-on date was observed on the medications. On 7/11/2024 at 4:25pm, V28(Nurse consultant) stated unopened insulin should be refrigerated to maintain its potency and effectiveness, and if not refrigerated and left in the medication cart, it should be labeled when it was received so that the nurses can know when to discard it after 28 days. V28 stated if the medication is not labeled with a received-on date and discard by date, nurses will not know when the medication was left unrefrigerated, and therefore not know when the medications are to be discarded, which can affect a medication's effectiveness. On 07/09/2024 at 10:11am, during review of medication cart and medication room storage first floor, with V5 (Registered Nurse-RN), in cart team 1, R127's medication, Ibuprofen Tablet 600 MG tablets on a bingo card were observed in the mediation cart. The medication had an expired on 07/02/2024. V5 stated expired medications should not be in the medication cart because it can be given to the resident by mistake. V5 further said expired medications should be sent to pharmacy to be destroyed because they are no longer effective if given to residents. V5 stated R127 is no longer on Ibuprofen, therefore it should not be in the medication cart because it can be given to R127, and the medication is already discontinued and expired, and R127 is already prescribed another medication for pain. On 07/11/2024 at 4:29pm, V2(Director of Nursing) stated expired medications should be pulled out of the card right away so that pharmacy can discard them because the potency/effectiveness of the medications can be reduced. Facility provided insulin guide titled Long-Acting Insulin, no date, documents: -Lantus: Unopened: Refrigeration: Manufacturer esp. date. Room Temp: 28 days Facility policy titled Medication Storage in the Facility, no date, documents: Outdated, contaminated, or deteriorated drugs and those in containers, which are cracked, soiled, or without secure closures will be immediately withdrawn from stock. They will be disposed of according to drug disposal procedure, and reordered from the pharmacy if a current order exists.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 49666 Based on observation, interviews and record reviews, the facility failed to follow their policy to ensure correct food temperatures were maintained when delivering food to residents for three (R50, R121, R104) residents reviewed for dietary services in a sample of 28. Findings include: 7/9/2024 12:40 PM R50 said the facility food is bad and cold. 07/09/24 1:06 PM R121 is observed sitting on his motorized wheelchair in his room, dressed in his own clothes, in no apparent distress. R121 states the food is 90% always cold. 07/09/2024 1:08 PM R104 states that the food is cold probably because it is handed out late. 7/10/2024 12:11 pm, the last tray is put in the 2nd floor's lunch cart, test tray placed in the 2nd floor's lunch cart. Staff observed taking the cart upstairs, surveyor follows. 7/10/2024 12:13 pm, tray cart arrived on the 2nd floor dining area. V18 (Cook) arrived with a thermometer. 7/10/2024 12:15 pm, several staff observed passing out trays. 7/10/2024 12:20 PM the last resident on the 2nd floor received their lunch tray. 7/10/2024 12:20 PM, test tray consisted of one hamburger, coleslaw, one watermelon slice, and a bag of potato chips. V18 placed the clean thermometer in the middle of the hamburger, V18 states that the thermometer read 120 degrees Fahrenheit. Surveyor observed thermometer reading 120 degrees Fahrenheit. Surveyor tasted a piece of the hamburger, and the taste was ok. V18 states that the standing temperature should be at least 150-degrees Fahrenheit. 7/11/2024 1:39 PM V9 (Cook) states that residents can get sick if they receive cold food because not all stomachs are the same and some stomachs can tolerate cold food, and some do not. Facility document dated 04/2017, titled Food Temperature Resident Service documents in part:, Hot foods will be served to the resident at a temperature palatable and acceptable to the resident, general practice should not be less than 125 degree Fahrenheit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 49666 Based on observation, interview, and record review the facility failed to store, label, and protect food items in accordance with professional standards for food service safety. This failure has the potential to affect 135 residents that eat food from the kitchen. Findings include: 07/09/2024 09:44 AM, V9 (Cook) states that the kitchen director is currently on vacation. V9 states that V10 (Dietician consultant) is currently assisting V9 with the kitchen director's duties. V9 states that she will walk through the kitchen with the surveyor. 07/09/2024 9:47 AM, the walk-in cooler's outside thermometer reads 36-degrees Fahrenheit and the inside thermometer reads 37-degrees Fahrenheit. Peeled eggs dated 7/4/24 with no use by date are observed. V9 states that peeled eggs expire in two weeks. One whipped cream bottle is seen with a use by date of 06/24/2024. 07/09/2024 9:55 AM, opened, uncovered meat is observed on the counter. No staff are around. V9 states the second cook was in the middle of cutting the meat, then the second cook is observed walking around the counter. 07/09/2024 10:00 AM, there are approximately forty uncovered chocolate puddings observed on a tray cart while a staff member continues to prepare more on the counter next to the cart. 07/09/2024 10:07 AM, one fly was observed in the kitchen. 07/09/2024 10:39 AM, V10 (Dietician consultant) walked with surveyor through the dry storage room. 12 closed cans of evaporated milk dated 4/21/2023 were observed. A box of raisins with an expiration date of 08/07/2023 and bags of raisins with a best before date of 06/13/2024 are also observed. Facility's census dated 7/9/2024 documents total residents occupying beds is 138 residents. Facility's diet type report dated 07/11/24 documents three residents are NPO (nothing by mouth) diet. Facility document dated 2017, titled Food Service Policy documents in part, food may be infected by coughs, sneezes, handling dirty equipment, vermin, animals, and wastes. It should be protected during storage, preparation, display, and service. Facility document dated 03/2023, titled Storage of Dry Foods/Supplies documents in part: Facility will follow safe handling and storage of dry foods and supplies to reduce the risk of food-borne illness. Below is the recommended maximum storage period of certain food items for easy reference, recommended shelf life, milk, canned evaporated 12 mos (months).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0814 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Dispose of garbage and refuse properly. 49666 Based on observation, interview, and record review the facility failed to properly contain waste in dumpsters and failed to ensure dumpster lids were securely closed. Findings include: 7/10/2024 10:23 AM V16 (Maintenance Director) showed surveyor where the facility's two dumpster's were located at. Surveyor observed two large dumpsters, one dumpster (recycling) is noted with open lid, and the second dumpster (garbage) did not have a lid for half of the dumpster. Surveyors observed the facility's garbage dumpsters overfilled with clear trash bags with disposable chucks and briefs, V16 states yes, this one doesn't have a lid, maybe it got thrown away. V16 states that he hasn't had a chance to call the dumpster company to order a new lid. Facility document dated 04/2022, titled Garbage Disposal documents in part, keep dumpsters closed at all times. If the dumpster becomes full contact the garbage service for removal.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Administer the facility in a manner that enables it to use its resources effectively and efficiently. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45002 Based on interviews and review of records, the facility failed to ensure staff management is managed by the administration by allowing staff to work with multiple abuse allegations per policy. These failures have the potential to affect all the residents in the facility related to nursing staff to resident services. Findings include: 1. According to R119's facesheet printed 7/11/24, R119 is [AGE] years old and have diagnoses that include but are not limited to unilateral primary osteoarthritis, right and left knee; venous insufficiency; need for assistance with personal care. According to R119 MDS (Minimum Data Set), 6/3/24, R119 has a BIMS (Brief Interview for Mental Status) score of 15, indicating intact cognition. R119's care plan initiated 2/13/24 reads in part: R119 is an adult living with chronic health conditions and comorbidities that include orthopedic aftercare, unsteadiness on feet, gait and mobility issues, anxiety; that requires the support, services and structure of this care setting to maintain stability and highest practicable level of functioning. Facility Reported Incidents, 7/10/24, reads in part: Resident (R119) alleges that employee (V11 (Certified Nursing Assistant-CNA)) displayed inappropriate behavior. V11 Employee Disciplinary Action Form, 7/10/24, reads in part: Suspended pending investigation On 7/10/24 at 1:30 PM, R120 said R119 was in bed and he (R120) was in the wheelchair near R120's bed. V11 came into the room looking mean. V11 had a mad face. Me and R119 felt vulnerable. V11 was not in a good mood. R119 let the head of the bed up to take off R119's gown. R119 was reaching behind untying the gown. V11 was standing with hand on hip looking at R119. R119 was taking time because R119 had eyeglasses on. R119 was not able to untie the gown so R119 was taking the gown over R119's head. V11 said you're not going fast enough and grabbed the gown and yanked it off R119's head. R119 said watch it you're going to break my glasses. I (R120) said be careful. V11 said I can't break your glasses. After V11 yanked the gown over R119's head R119's eyeglasses were skew on R119's nose. V11 threw the gown in R119's face. By the look on R119's face, R119 was distressed by what happened. It made me (R120) feel scared. I'm in a wheelchair and V11 is big and solid. I felt like I failed as a fiance because I was not able to protect R119. I (R120) was worried about V11 hitting R119 and me. R119 said I was full of stress, and it made me distressed. R120 said V11 was the kind of person you never knew what kind of mood V11 would be in. R119 would ask the morning shift who would be R119's CNA for the evening. Knowing V11 would be the CNA made R119 nervous because V11 was frequently rough with R119. R119 said I'm nervous when I have V11 because I don't know what's going to happen. R120 said R120 and R119 did not report to the facility because V11 had been rough in the past and we would just not let V11 back in the room. I would go to the head nurse and request someone else. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	2. According to R104 facesheet printed 7/11/24, R104 is [AGE] years old and have diagnoses that include but are not limited to atrial fibrillation, morbid (severe) obesity due to excess calories, atherosclerotic heart disease of native coronary artery, hypertensive heart disease with heart failure, need for assistance with personal care. According to R104 MDS, 5/22/24, R104 has a BIMS score of 14, indicating intact cognition. R104 care plan initiated 7/11/24 reads in part: R104 is an adult living with chronic health conditions and comorbidities that requires the support, services and structure of this care setting to maintain stability and highest practicable level of functioning. Facility Reported Incidents, 7/10/24, reads in part: R1 (now R104) alleged that the employee (V11) displayed inappropriate behavior a few months ago. V11 Employee Disciplinary Action Form, 7/10/24, reads in part: Suspended pending investigation. 7/10/24 at 2:06 PM, R104 said V11 was changing me and wanted to move my legs toward the center of the bed. V11 grabbed my legs to aggressively and twisted my left leg. I yelled ouch and V11 backed off. In general, V11 is rough. It's annoying. I did not report because I didn't consider it to be serious. I did mention it in casual conversation with another CNA (R104 did not want to give the name of the CNA). 3. According to R64 facesheet printed 7/11/24, R64 is [AGE] years old and have diagnoses that include but are not limited to hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side, epilepsy, need for assistance with personal care. According to R64 MDS, 5/13/24, R64 has a BIMS score of 5, indicating severe cognitive impairment. R64 care plan initiated 7/11/24 reads in part: R64 is an adult living with chronic health conditions and comorbidities that requires the support, services and structure of this care setting to maintain stability and highest practicable level of functioning. Facility Reported Incidents, 6/4/24, reads in part: Staff member (V11) allegedly made contact with R1 (now R64). V11 Record of Conversation, 6/9/24, reads in part: V11 was re-educated on customer service expectations and approach with residents. V11 was educated on procedure of incontinence care and bed mobility. 7/10/24 at 2:15 PM, R64 said V11 is violent. V11 knocked me down on my bed and I hit my head on the windowsill. My head hurt. I feel threatened by V11 because I don't know what V11 will do next. 4. According to R50 facesheet printed 7/11/24, R50 is [AGE] years old and have diagnoses that include but are not limited to sequelae of cerebral infarction, chronic atrial fibrillation, atherosclerotic heart disease of native coronary artery, hypertensive heart disease with heart failure, need for assistance with personal care. According to R50 MDS, 6/21/24, R50 has a BIMS score of 15, indicating intact cognition. R50 care plan initiated 10/31/22 reads in part: R50 is an adult living with chronic health conditions, challenges, and comorbidities. Facility Reported Incidents, 4/12/24, reads in part: R1 (now R50) reported the CNA (V11) allegedly spoke inappropriately to R50. Untitled document, 4/12/24, reads in part: I educated V11 on customer service expectations to include: communication, problem solving, empathy, and friendliness with a positive and warm attitude. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0835 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	7/11/24 at 6:30 PM, V2 (Director of Nursing) I am head of the team while the administrator is on vacation. The facility does abuse training, upon hire and as needed. Every employee gets abuse training. The Administrator is the Abuse Coordinator. If an allegation of abuse, investigation starts right away. First goal is to keep the resident safe. Report to the Abuse Coordinator. Do a head-to-toe assessment, assess distress, notify physician, and family. If staff is involved the staff is suspended immediately pending investigation. V11 was suspended right away after being notified of the allegations. V11 was suspended for the three allegations that have reportables already. Psychological, emotional, physical, sexual, verbal, involuntary seclusion, neglect, exploitation, financial, misappropriation of resident property, injury of unknow origin are forms of abuse. V11's natural personality is to be strong, V11 is not friendly and bubbly. V11 should be thoroughly educated on customer service when taking care of patients. Throwing a gown at a resident, pushing a resident down, twisting a resident's leg, telling a resident they are useless and will die soon is abuse. On 07/11/2024 at 3:00 PM, V28 (Nurse Consultant) stated that the prior allegations against V11 was investigated and were unsubstantiated. We don't believe her actions fall under abuse but more so along the lines of poor customer service. As per nursing staffing schedule V11 (Certified Nursing Assistant) was allowed to work in July, 2024. Reviewed Facility Payroll Based Journal from January 2024 to March 2024. V11 worked from January to March. Facility Abuse Prevention Program, 3/1/21, documents in part: It is the policy of this facility to prohibit and prevent resident abuse, neglect, exploitation, mistreatment, and misappropriation of resident property and a crime against a resident in the facility. This facility will not tolerate resident abuse or mistreatment or crimes against a resident by anyone, including staff members, other residents, consultants, volunteers, and staff of other agencies, family members, legal guardians, friends, or other individuals. Abuse: The willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain or mental anguish or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental psychosocial well-being. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(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 - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41356 Based on observations, interviews, and review of records the facility failures are as follows: Failed to follow laundry policy on maintaining clean environment/equipment used in air circulation and failed to sort and handle soiled linen to prevent overflowing in the laundry areas. Failed to follow Legionella policy on establishing preventive measures (worksheet, checklist, and other preventive means). Failed to follow its medication administration policy on handwashing while administering medications. These failures have the potential to affect all 139 residents in the facility who are receiving laundry and water services, and 20 residents receiving medications from the first-floor team two cart. Findings include: 1. On 07/10/2024 at 1:10 PM, V20 (Laundry Aide) was observed in the laundry room folding clean linens on the table near the wall. A large fan was facing directly on V20. Upon request to turn off the fan, V20 stated that it is hot in the laundry room when the fan is off. When the fan made a complete stop, V20 was asked to check the fan to see if it needs to be cleaned. V20 said, Yes, this fan has a lot of dust. In the past it has been even dustier compared to now. This fan needs to be cleaned. The fan blade and fan guard is observed to have grayish color dirt. When poked with a pen, grayish lint sticking on the fan guard became loose. V20 was informed that the dirt in the fan will circulate and can affect the clean linen she is folding. V20 said, I understand what you mean. V20 then went to the fan and turned it back on. The soiled room where the laundry chute is located has a large gray bin overflowing with transparent plastic bags of soiled linen. One bag was observed to be on the floor. V20 said that it needs to be sorted out. V20 took the bag off the floor and threw it on top of the overflowing gray bin. After a few minutes, another bag was seen on the floor. V20 stated that it was because the gray bin was overflowing so when someone throws a bag down the chute, it will not stay in the bin. V21 (Laundry Supervisor) arrived in the laundry room and saw the fan. V21 said, Yes, it is dirty. Then went to the soiled room and saw the large bin overflowing with bags of soiled linens. V21 stated that this happened because laundry staff failed to sort soiled laundry and placed it on these containers (pointing to 5 cylindrical containers). V21 then opened one (1) of the containers and it was empty. V21 stated that staff needs to sort and place them in this container to prevent overflowing and dropping on the floor. Laundry Policies and Procedures for Laundry Personnel not dated, reads: Under clean linen, all clean linens should be stored by methods that minimize microbial contamination from airborne deposit. Under laundry room environment, the floors, walls, and work surfaces must be cleaned and disinfected daily. The design of the laundry should accommodate clean and dirty linen areas, e.g. dirty linen should be brought into the laundry, processed, and come out as clean linen, without becoming re-contaminated. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(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 - Many	Soiled laundry/bedding shall be handled in a manner that prevents gross microbial contamination of the air and persons handling the linen. Under collection of soiled linen, all dirty linen must be handled with care to minimize transmission of microorganisms via dust and skin scales. Under transferring soiled linen, at designated times, laundry workers using an approved container with a lid for soiled linen will go to each soiled linen room to trade the existing soiled linen container with an empty container. Under sorting, all soiled linen is to be sorted into its own container. When it arrives in laundry, it is emptied into the soiled linen container. 2. On 07/11/2024 at 11:30 AM V16 (Maintenance Director) was asked to present the policy and procedure for prevention or identification of Legionella. V16 stated he has policy in his office but was unable to present the policy after going to V16's office. V16 was asked what the facility policy is for prevention of Legionella in general? V16 stated that he does not know what the Legionella policy in general. V16 was asked if water samples are sent for testing. V16 stated that he does not know when the last time a water specimen was sent for Legionella testing and that he (V16) did not send a specimen this year. V16 then showed a binder that includes the following documents: Legionella Testing record dated 2/15/2021 (more than three (3) years ago), per V16 no other records were available for Legionella Testing that he (V16) knew. V16 then presented the facility's Water Management Program dated 8/25/2023 that includes Water Systems - Legionella Risk Prevention policy dated 6/2017 that reads: It is the policy of the facility to ensure that microbial growth is inhibited in the water system. The facility will provide a safe, sanitary, and comfortable environment to include practices in place to help prevent the development and transmission of communicable diseases and infections. The facility will comply with CMS requirements to identify and monitor waterborne pathogens which can include: Legionella Pseudomonas Acinetobacter Burkholderia Stenotrophomonas Non-tuberculous mycobacteria Fungi (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(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 - Many	Under procedure, facility to complete the worksheet titled Identifying Buildings at Increased Risk to determine if the entire building or parts of it are at an increased risk for Legionella growth. It is noted in the policy that the Worksheet was taken out of CDC - Water Management Program and it is included in the facility policy. V16 was asked to present the worksheet to determine whether the facility's building or part thereof is at risk or not for Legionella growth. V16 said, I don't have that worksheet. I know it is in that policy, but I don't have it. Under the same policy, facility will make a building specific list (for the building for which the Water Management Program is being devised) taken from the Master List as to areas/equipment that need to be monitored the includes as follows: Hot and cold water storage tanks Water heaters Water-hammer arrestors Expansion tanks Water filters Electric and manual faucets Aerators Faucets flow restrictors Shower heads and hoses Pipes, valves, and fittings Centrally installed misters, atomizers, air washers and humidifiers Non-steam generating aerosols humidifiers Infrequently used equipment, including eyewash stations Ice machines Hot tubs Decorative fountains Cooling towers (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(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 - Many	Medical devices such as CPAP machines, hydrotherapy equipment and bronchoscopes - as these devises can spread Legionella through aerosols or aspiration. V16 stated that he has a log in his computer at his office. At V16's office, V16 showed the following: 1st floor (various areas), 2nd floor (various areas), 3rd floor (various areas). V16 was asked, what does it mean various areas? V16 said, If you want specifics, I don't know. I know it is a concern. An increase in cases of Legionnaires' Disease in July 2021 was tracked by local (Chicago Public Health) public health for a total of 49 cases. 3. R28 is a [AGE] year-old male with medical diagnosis that include but not limited to: Unspecified Asthma with (acute) exacerbation. R2's POS (Physcian Order Sheet) Documents: -1/25/2023-Breo Ellipta Aerosol Powder Breath Activated 100-25 MCH/INH (Fluticasone Furoate-Vilanterol) 1 Puff inhale orally one time a day related to UNSPECIFIED ASTHMA, UNCOMPLICATED. RINSE MOUTH WITH WATER AND SPIT INTO CUP AFTER USE. On 07/09/2024 at 9:29 am V4 (Registered Nurse-RN) was observed administering medications to R28. V4 was observed putting R28's medication Ipratropium-Albuterol Inhalation Solution 0.5-2.5 (3) MG/3ML (Milligrams/Milliliters) (Ipratropium-Albuterol) in the inhaler device without gloves or washing hands, then processed to hand the inhaler device to R28 and gave R28 instructions on how to inhale the medications. R28 inhaled the medication and stated he did not feel like he got the medications. V4 took the inhaler device and opened it and saw the capsule was still intact and proceeded to put the capsule back in to the inhaler device V4 then handed it to R28 who administered the medication and stated he felt it down into his throat this time. V4 took the inhaler from R28, opened it and discarded the empty capsule then gave R28 water in a cup to rinse mouth. R28 rinsed mouth and spit in the cup R28 then handed V4 the cup to discard. V4 then proceeded to her computer and looked up information and opened the medication cart drawers. During this whole process and after, V4 did not once clean her hands with sanitizer or wash her hands with soap and water. V4 stated she should have used gel to sanitize her hands between tasks because she was touching multiple surfaces and then R28 had used the inhaler in his mouth. V4 stated her touching R28's medications, the inhaler device, the computer and medication cart without hand hygiene can cause the spread of germs which can make residents sick. V4 stated she is supposed to clean her hands between tasks, but she was too busy this morning and forgot. V4 stated it was an infection control issue. On 07/09/2024 at 1:23pm, V2 (Director of Nursing-DON) stated nursing should perform hand hygiene before touching the medications to residents and after, in between residents to prevent the spread of germs which can cause infections. V2 stated 20 residents were receiving medications from first floor west - team 2 side cart. Facility policy titled 5.2: Medication Administration, No date, documents: -Wash hands before beginning, whenever you contaminate your hands, and if contact is made with the medication. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(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 - Many	-Cleanse hands before beginning each medication pass. Cleanse hands when contact is made with a medication. Cleanse hands whenever they are contaminated. You may use antiseptic foam or gel such as Spetisol or all Care. 45111

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	145343	A. Building B. Wing	07/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Nursing & Rehab Center	4900 North Bernard 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. 41356 Based on review of records and interview the facility failed to provide education for the benefits and risks of influenza and pneumococcal vaccinations for 2 out of 5 residents (R147 and R29) per policy. These failures have the potential to affect 2 residents (R147 and R29) in understanding the benefits and risks of vaccination and prevention of infections. Findings include: Per resident's record under immunization, it documents: R147 Pneumococcal vaccine (Prevnar 13) documents consent required. R29 Pneumococcal vaccine (Pneumovax 23) and Influenza refused to give consent. On 07/10/2024 at 12:20 PM, V19 (Infection Control Preventionist / Licensed Practical Nurse) stated that education was provided to the granddaughter of R147 and not to R147. R147 has a documented BIMS (Brief Interview of Mental Status) score 13 that indicates R147 cognition is intact. V19 stated education should have been provided to R147 since R147 is cognitively intact. R29 only heard a part of the education on the risk and benefit of the vaccinations. All vaccination education was given and refused on the same day. R29 has a documented BIM's score of 7. V19 stated that his cognition may be impaired. No education was given to resident's representative. V19 was asked if there was any follow up education given to R29 after refusal. V19 stated that no follow up was done after refusal to re-educate R29. V19 stated that no notes are charted in the progress notes as to specifics about residents' immunization. Per R29's hospital records by V31 (Doctor) both reasoning and communicating a choice of R29 are both inadequate. It reads that R29 lacks decisional capacity to make some or all decisions. R29 demonstrate's poor insight, understanding, and reasoning. R29 does not appear to have the capacity to make decisions. Under facility's guidelines on both Influenza dated 6/19/2023 and Pneumococcal Vaccines dated 6/10/2023, it reads: It is the intent of this facility to minimize the risk of residents acquiring, transmitting, or experiencing complications from influenza/Pneumococcal pneumonia. This policy will ensure/assure that each resident and/or their representative/(POA) is informed about the benefits and risks of immunization related to influenza/Pneumococcal pneumonia immunization and has the opportunity to receive it.